GUY'S
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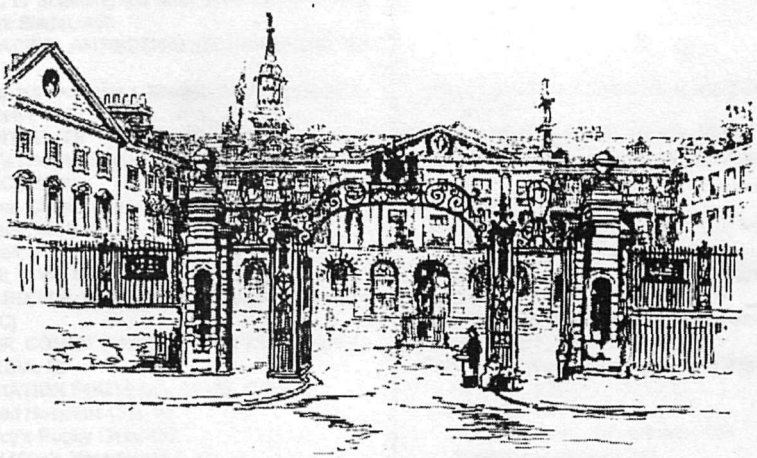

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The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

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Guy's Hospital Gazette Prints

The *Gazette* has produced full-size photo-facsimiles of five pen and ink drawings by Hanslip Fletcher of Guy's Hospital and its environs, on matt-finish high quality paper suitable for framing. These are shown on the next five pages. Prices include postage and packing.

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Passim

As I write this month's *Passim*, publication is eagerly awaited of the government's review of the National Health Service. Despite extensive leaks to the national media, no firm date has yet been set for its appearance, but it already seems certain that the review will provide a mechanism to allow hospitals to opt out of health authority control. If this is confirmed, then it seems likely that Guy's will be one of the first hospitals to volunteer to opt out.

Although the decision itself, and all of its details, will have to await publication and scrutiny of the government review, a key advantage to the hospital of an independent status (under a Board of Governors) is perceived to be the freedom to appoint staff where and when and at what salaries it chooses. It would also enable Guy's to get paid for the treatment of all the non-local patients who are currently referred for treatment here — which might make a significant difference to the funding of a specialty like ENT, for example. And with the projected cost of the Phase III building programme now running at over £90 million, there is the feeling that opting out might be a way of guaranteeing finance for Phase III — on the basis that it would be politically unthinkable for the government to allow one of its flagship hospitals to run into financial difficulties, at least not until after the next general election.

The idea of competing for patients in an internal market might seem anathema to many of our readers, but senior hospital sources have been quick to point out that it is health authority control, and not the NHS, out of which Guy's would like to opt, so that there is no immediate prospect of Guy's increasingly touting for business from private patients. Also stressed has been the commitment to continue to serve the local community, although we shall have to wait to see how this can be met in the event that the internal market brings a greatly increased demand for Guy's services from patients referred from outside the area.

It seems inconceivable that Guy's could opt out from the health authority without also taking Lewisham Hospital with it, since the Guy's campus of UMDS relies heavily on the teaching opportunities offered by Lewisham. A more intriguing problem might presumably be posed for UMDS in the event that St Thomas's Hospital did not follow its partner. Does opting-out offer a glimmer of hope to those at Guy's who still regret the merger of the medical schools?

From the *Gazette* fifty years ago

I am unable to resist the temptation to reproduce the following two pieces from the *Gazette* of 1939, the first being published on 14 January and the second on 11 February. I find the first fascinating because it demonstrates, nine years before the formation of the NHS, a commendable concern at the idea of replacing free beds for local residents with pay-beds for private patients from outside the Borough and Bermondsey; and the second because it seems incredible to think that it was written only 50 years ago. Even more remarkable is what we would nowadays consider to be the strikingly different political attitude between January's radical and February's reactionary.

14 January 1939

We print elsewhere the regulations that pertain to the admission of patients to paying cubicles in the general wards of the Hospital. The fact that the Hospital has found it necessary to introduce the system of having such patients will come as a shock to a large number of our readers. For a long time now it has been apparent that Guy's no longer caters solely for the population of the Borough and Bermondsey, but has extended the radius of its magnetism half across England, and very recently half across Europe, and this change in its status has been accepted without question so long as one is convinced that the circumstances of the patient are such as that he cannot be regarded as unfairly excluding from the benefits of this Hospital those within whose neighbourhood the Hospital stands, and on whose loyalty and generosity the Hospital has so long depended.

With the new scheme, approximately one-tenth of the Hospital beds are to be given over to the use of patients with incomes which vary between £275 and £450 a year. These people are to pay five guineas a week, a sum which actually does not amount to the average weekly cost to the Hospital of one patient, for a bed which is screened off from the rest of the ward and for the sort of attention that the 'tray' patient now gets — a little more food, a little more experienced nursing, and daily visitors. It is the intention at the moment that they should be taught upon in the ordinary way, but it will be noticed, in the regulations, that there is a clause that clinical demonstrations for the instruction of medical students *may* be held at *the discretion of* the member of the Staff concerned. We are not alone in fearing that there may be an appreciable diminution in the number of teaching cases, that the registrars may be handi-

capped considerably by the unwillingness of these patients to be the subject of the multiple examinations that is, of necessity, the custom in a teaching hospital. There will be required a larger amount of tact, patience and good manners than are displayed at the present time if ward clerks, dressers and housemen are to maintain the association with the paying patients that they have with the others.

It is, we are inclined to feel, a sad day in our history that we should have come to the point of decimating the beds that hitherto we proudly held at the disposal of those sick persons who so often are as wanting in money as they are in good health. And all we are told for some five thousand pounds a year, which it is estimated that this system will bring to the Hospital. We believe that the introduction is not regarded with favour by any of those closely associated with Guy's, but has been introduced as an experiment at the suggestion of the King Edward's Fund, which now exerts so powerful an influence in the direction of the finances of the voluntary hospitals.

Will it work? It is difficult to see that we can really gain. It is hard to believe that people with the specific incomes will be able to afford the five guineas; and if they do pay it, so large a proportion is it that it is not difficult to understand them if they tend to object to repeated and extensive 'clinical demonstrations.'

11 February 1939

It is without alarm that we learn that the question of admitting female medical students to this Hospital is once again to be put under consideration. There are a few people whose opinion it is that this should be allowed, but it seems that they are in such a small minority that their beautiful dream has little chance of coming true, at least for some time to come. It is at times such as this that we have reason to be thankful for the conservative machinery that is Guy's, for we feel that we voice the sentiments of the majority when we say, without heat, that we do not want women to share our clinical studies here with us. It is not easy to say, without being unkind or frivolous, just why we feel this way; but then we all have so many firm beliefs on various matters that defy logical elucidation. Perhaps we dislike the idea because we have been unaccustomed to it here — not a logical reason, but a very potent one. The fact is that most of the people that we meet do not wish for clinical co-education, and if one asks them the reason for this there are only a few who will, seriously and without recourse to inanities, give good sound arguments against the scheme.

The advantages to be gained by allowing women students here are not obvious. We ourselves would presumably gain nothing at all, and that is always a little dampening to anybody's ardour for a cause. It might be argued that to allow them to study here would give them the benefits of a system of medical education that they are at present disallowed, but we presume that those institutions that cater for female students are in every way satisfactory, although they perhaps do not think along the same lines as we do here. If the facilities for their training are not sufficient for the numbers it would be comparatively easy, and incidentally in their own interests, to limit the female entries into the profession. There is, so far as we know, no evidence to show that a mixed training is a better training or even that either sex desires to be co-educated. Although we are not articulate about the problem, are we agreed that we do not want women students at Guy's? We trust that those who favour the scheme cannot be contemplating adding to the numbers of people taking clinical studies here, for that really would be unthinkable and would give us ample and logical grounds for complaint. As we say, however, we are not alarmed for we do not forsee ourselves vying with women for appointments for many a long year. We hope.

Correspondence

Building Sense

Dear Sir,

May I through your pages make a plea for some thought to go into the appearance of any further buildings erected at Guy's? Having started well with an attractive Georgian nucleus and (once they are cleaned) reasonable Victorian buildings, Guy's erected the ugliest tower block in London. Recent efforts have ranged from the lego brick brutalism of the Bloomfield Clinic and the Newcomen Centre to the unholy mess that is New City Court. The latter's ludicrously inappropriate facade on St Thomas' Street surely deserves the title of carbuncle if ever anything did. The plaintive cry that these buildings are 'functional' ignores the fact that ugliness is no guarantee of efficiency, as is demonstrated by the dreadful mess that is Greenwich District Hospital. One of the acknowledged functions of buildings throughout history has been to please the eye, so why should we still have to put up with the last tottering steps of a crippled and discredited modernism? Is there an architect in the house — indeed is there anyone with eyes in the planning department?

Yours faithfully

PHILIP TIMMS, MRCPsych
Honorary Senior Registrar

Dr Timms is winner of this month's Letter of the Month prize of £5.

Snowflake Ball — that photo

Dear Sir,

I consider the report and the accompanying photographs of the Snowflake Ball in the December issue to be in bad taste, and an insult to the intelligence of the readers and other contributors to the *Gazette*.

I have a high regard for the majority of students and their activities, but I hope that the editorial staff will be more selective in future, and that reports of Guy's clubs and societies will be less distasteful and thereby more interesting.

Yours faithfully

H E P GRABASKEY
2 Victoria Crescent
Wyton
Huntingdon, Cambs
PE17 2AL

Dear Sir,

I had always been proud of being a Guy's man, but your illustration of the Snowflake Ball, (page 441) and the reference to Prince Philip (page 470) offended all the canons of good taste.

I have the impression that for your editorial staff, and for some correspondents too, the more suitable mètier would be tabloid journalism rather than the profession of healing.

Let us hope that higher standards will prevail in the new year, otherwise I shall be obliged to cancel my subscription to England's oldest Hospital journal.

Yours faithfully

G R HOWARD-KYAN
Combe Lodge,
Church Road,
Combe Down,
Bath. BA2 5JL

Dear Sir

Of course young medics must have high-spirited parties, but to print the photograph on p. 441 of the December issue of the *Gazette* seems entirely unnecessary. I imagine that many of your readers would find it repugnant. I would be interested to know their views.

Yours faithfully

ANNE M. POWELL
(neé MOLLISON)
20 Honey Lane
Burley, Ringwood
Hants BH24 4EN

Dear Sir

On behalf I am sure of my former colleagues as students at Guy's in the early 1940s and of all those subsequently qualified I must record with you my horror and disgust with your standard of *Gazette* — the December issue surpassed all with the cover (please give us back photos of the entrance of our beloved and previously highly respected alma mater) and unpublishable photos of the Snowflake Ball.

If this revoltingly low standard continues I shall be driven to ceasing my subscription, despite my long-standing family connection with and devotion to the hospital, and all it stood for in 1940–50 and will hopefully stand for in 1989 onwards.

Yours faithfully

DR A H DREWITT
Sands House
3 Oakwell Avenue
Bridlington YO16 5UL

Anti-ism at Guy's

Dear Sir,

How reassuring to see confirmed in your editorial columns that SMEC

(Student Medical Education Committee) will be conscientiously investigating racism and sexism amongst members of the School. Presumably, this august body will also welcome reports of derogatory remarks about gay and lesbian undergraduates and any suspiciously high sign-up gradings of female clinical students (sexual harassment).

May I propose that Ms Keen also compiles a list of staff who commit the heinous crime of double parking in the hospital forecourt. As SMEC is undoubtedly aware, male consultants who regularly wear blue ties will require especially careful monitoring.

Yours faithfully

T GIBSON
Department of Rheumatology

Racism at Guy's?

Dear Sir,

Or is the editor of *Guy's Gazette* a Madam? Let me rephrase that. Is the editor perhaps a lady? Since the Normans conquered the Anglo-Saxons we have never come to terms with the Welsh, the Scots or the Irish, who happen to be the same colour.

One understands that West Indians have a certain pride as to their island of origin, and that African tribal inheritance is a problem. Prejudice on the grounds of wealth, schooling, university, cultural group and family status exists everywhere. The Race Relations Act drives such problems underground, not out into the open, where they can be discussed.

Yours faithfully

G. A. FOX
Flat 13, Carole House
3/5 Maple Road
Anerley
London SE20 8HZ

Dear Sir,

I was reminded of the little paperback, *Just a Word Doctor* (a light hearted guide to medical terms), ISBN 0 19 261641 2, by Bernard Freeman, a former consulting Physician at King's College Hospital, when reading the latest *Gazette*.

Fancy all the fuss over *gauleiter* and 'poppadum eater'! Have the members of our otherwise broadminded and excellent alma mater lost their sense of humour and proportion?

It is as bad as the 'personhole' cover to the sewers in North London. Do let us keep our sense of perspective and help people to be more understanding and gregarious.

From an ex-GP 'Principal' and current 'Medical Officer' (British Railways) who enjoys 'Baked potatoes'!

Yours faithfully,

A DAVID TUDDENHAM (1953)
24 Seaway Ave
Christchurch
Dorset BH23 4EX

Gauleiters and the Nazis

Dear Sir,

In the December 1988 issue of the *Guy's Gazette* you mention in *Passim* about the innocuous origin of the word *Gauleiter*. This word is composed of two nouns, *Gau*, which in German denotes a district or a borough specifically to Germanic territory, and *Leiter* which means leader. According to *Deutsches Wörterbuch*, by Prof Dr Wahrig, (Library of Congress Catalogue No 66–17134) it is described as 'political leader, 1933–1945'. There is no mention in this German dictionary of its use during the Prussian era. Perhaps Professor Ian McColl, who attended

the last Sarah Stolz lecture at Guy's, might suggest a different term for a leader of a firm.

You also ask readers whether there is racism at Guy's. When I was a student (1944–1950), I remember that the Welsh, the South Africans, West Indians and the Jews were often found in groups on social occasions, yet intermingled freely for rugby, cricket, or boxing. Racial or even linguistic differences that one was aware of at Guy's vanished under the motto *Dare Quam accipere*.

Yours faithfully

DR H WINSLEY-STOLZ
102 Muswell Hill Road
London N10 3JR

Required — less-reactionary consultants

Dear Sir,

I would like to reply to some of the comments made by Dijen Basu in his article on the curriculum in the December issue of the *Gazette*. A degree of overlap between new and old curricula was inevitable if we were to achieve a unified UMDS curriculum. A firm such as dermatology will face the greatest problems, since on the Guy's campus of UMDS it has switched its timing in the curriculum. A different sort of overlap period was deliberately introduced in the curriculum to get over the difficulties that many new students have on first entering the wards. The intention is that there should be one week of overlap, though a two-week period was inevitable in this first year, and this was too long. I hope that students will contribute during this overlap by introducing the new students to the wards and the organization. At the expense of doubling up numbers on the rounds for one week, this should prove to be of great benefit to the new students.

I was more disturbed by the comments on the new sign-up system. I was surprised that Mr Basu was perturbed to hear one consultant saying that since the previous system had worked for twenty years, he couldn't see why it should change now. Hopefully, the new curriculum will teach consultants of the future to think in a more innovative and less reactionary way. It is intriguing to read that Mr Basu thinks the medical school office would really have left it until the last week of the firm to explain the changes in the system. All consultants were circulated about the new assessment system in August, well before the first firm to which it would apply had even begun.

The changes have enabled us to introduce various new features which we feel are educational advances into the curriculum, without increasing the overlap or causing other disruptions. I don't wish to belittle the problems which are bound to arise with the introduction of any new curriculum. There will be difficulties with overlap on both campuses, as we bring the two curricula together and introduce new aspects to the teaching, and we would welcome constructive comments on the running of the new curriculum.

Yours faithfully

P J REES MD, FRCP
Consultant Physician and Senior Lecturer in Medicine
Chairman of the Education Committee

The late Louis Forman

Dear Sir,

Louis Forman was closely associated with Guy's Hospital for seventy years,

and several of us thought that we would set up a fund so that his name and work would be remembered. The fund is concerned with two aspects of his life for which he is particularly remembered, research in dermatology and helping young people with their careers.

If any readers wish to contribute to the St John's Hospital Dermatological Society Louis Forman Award for Dermatological Reseach, I can send a copy of the protocol for the fund and their cheques will be gratefully acknowledged. Please send them to me in the Department of Dermatology, Guy's Hospital, and cheques should be made out to the 'St John's Hospital Dermatological Society', because they have agreed to be responsible for the long term management of the money.

Yours faithfully

R S WELLS MD FRCP DCH
Consultant Dermatologist
Guy's Hospital

Linear accelerator

Dear Sir,

Your *News in Brief* correpondent (*Particle Physics to Come to Guy's,* December 1988, p 437) is a little behind the times.

There has been a linear accelerator working in the Guy's radiotherapy department since the early 1960s. It is now one of the oldest clinically active linear accelerators in the world, if not the oldest.

This will be replaced by a new and much more sophisticated machine to be housed in a bunker now being built with generous help from the Guy's Special Trustees, next to New Guy's House at basement level, in continuity with the radiotherapy department. It will be an essential part of the integrated cancer treatment (oncology) facilities in south-east London.

Yours faithfully

P J WINTER
Radiotherapist and Oncologist
Guy's Hospital

UMDS Clubs Union merger

Dear Sir,

Perhaps, as a former captain of boats at Guy's, and later as President of the Thomas's Boat Club for eleven years, until I retired six years ago, I may be permitted to comment on the proposed merger of clubs. I only speak for rowing — but the advantages of amalgamating would far outweigh any disadvantages. Only one boathouse would be needed, and a far wider mix of the very expensive boats would be available. More people would be encouraged to row if it were easier to get crews together from a larger number of students. Coaches would also be encouraged to help with a larger club.

One other important UMDS point: no one who takes St Thomas's Hospital at all seriously ever refers to it as 'Tommy's' — 'Thomas's', yes, but 'Tommy's' — never!

Yours faithfully

STEWART BURNS
27 Riverbank Road
Ramsey
Isle of Man

Guy's Memorial Arch

Dear Sir,

When I first came to Guy's almost 30 years ago, the Memorial Arch was a distinctive feature of the campus. The arch marked the Great Maze Pond

entrance to the park, standing between Old Guy's House and Hunt's House.

Erected following a public subscription, it commemorated those Guy's men who lost their lives in the First World War.

During the various building programmes of the 1960s, quite sensibly, the arch was taken down and put into store pending re-erection.

Can anyone tell me where the arch components are now stored, what steps have been and are being taken to preserve the masonry and what plans are being made to re-erect it in its rightful place on the Guy's Campus?

Yours faithfully

M N NAYLOR
Professor
Department of Periodontology and Preventive Dentistry

Dental Dinner

Dear Sir,

Would any Guy's man (no women in those days!) who qualified in 1938 or 1939 be interested in forming a table at the Dental Dinner on May 13 1989?

If so, would they contact me or Duncan Lyon at the following addresses:

Mr Montagu Malleson
15 Poynings Way
West Finchley
London N12 7LP
01-446-2604

Mr D J Lyon
Littlefield
106 Nicker Hill
Keyworth
Notts NG12 5ED
Plumtree 2170

Yours faithfully

MONTAGU MALLESON

Dental School Centenary Celebrations 1989

Dear Sir,

As part of our Centenary Meeting (*see also News in Brief*) we plan to hold a large photographic exhibition of the school, staff and students. I appeal to any of your readers who have photographs of their student days to lend them to the School for the meeting on 13 May. Names should be written on the back of photographs so that they can be returned after the meeting.

Yours faithfully

PROFESSOR A H R ROWE,
MDS, FDS
Dean of Dental Studies

E Anglian Society Dinner

Dear Sir,

May I through the courtesy of columns bring to the notice of Guy's East Anglians that the 20th Dinner of the East Anglian Society will be held on Saturday 8th April 1989 at The Angel Hotel Bury St Edmunds. Dr I Evans will Preside and the guest of honour will be Dr R K Knight.

Details will be sent to all on the Hon. Secretary's register in the New Year. If any reader is convinced that he/she is not on that list would he/she let me know.

Yours faithfully

B A ROSS MB, FRCS
Guy's E Anglian Society

A thank-you

Dear Sir,

I should very much like to thank everyone who contributed to my retirement presents and all who attended my leaving party in the

Dental School and gave me such a wonderful send-off. With the cheque I was given I bought a microwave oven and a trough and pot for my garden.

Yours faithfully

JUNE HODGKIN
Formerly Senior Photographer
30 Laurel Close
Leigh-on-Sea
Essex SS9 2EE

Guy's Hospital Society, Bournemouth and Wessex

The thirty-third dinner of the Society took place on Friday 4 November at the Durlston Court Hotel, Bournemouth. Dr P Loxton was in the chair.

At the AGM prior to the dinner the following were elected to office for the following year; *Chairman* Dr W G Cross, *Honorary Secretary* Mr E H Archard, *Honorary Treasurer* Miss A M Sedgwick.

The Guest of Honour was Dr John Rees. He gave a summary of current events at Guy's/UMDS, which were not to the liking of some members. He outlined Phase III of the building programme, showing slides of the plans of the buildings.

It was another excellent night with an abundance of nostalgia.

E H Archard (Hon Sec)

News in Brief

New president for Clubs Union

As the *Gazette* goes to press the election of a new President of the Clubs Union has just taken place. The president-elect is Zaheer Yousef. Zaheer is a fourth-year student who has just started his clinical studies at Guy's. He was a clear winner, scooping most of the first-year vote.

Radio reminiscences

A series of three readings called 'Young Dr Taylor' will be broadcast on Radio 4, *longwave*, on Tuesday 7, 14 and 21 February at 11.00–12.00 noon. These are drawn from the memoirs of Dr Henry Shinglewood Taylor about his experiences as a medical student and house surgeon at Guy's in the 1860s (and later as a GP) and were edited by Peter Hadley for publication in the *Guy's Hospital Reports* in 1973.

The memoirs are recorded by Graeme Garden who, before he became a radio and television performer, qualified at King's College Hospital.

Guy's anaesthetist wins bravery award

Dr John E Fairfield, (*right*), *British Journal of Anaesthesia* Research Fellow in the Department of Anaesthetics at Guy's is shown receiving the Pask Certificate of Honour for Bravery during the King's Cross Underground Fire. This award was made on the occasion of the Annual Scientific Meeting of the Association of Anaesthetists of Great Britain and Ireland on 16 September 1988 by the President, Professor Michael Rosen (*left of picture*).

(Photograph by courtesy of *Anaesthesia News*)

Guy's leads in psychotherapy for cancer patients

Guy's is in the forefront of new work on the psychological problems of cancer patients. Dr Amanda Ramirez, head of the new liaison psychiatry service at the Imperial Cancer Research Fund's breast cancer unit at Guy's, has stressed the importance of adequate training for doctors and nurses in the psychological needs of distressed cancer sufferers. About half of the patients referred to the service because of anxiety and depression had transient psychological disturbances which required only one or two psychotherapy sessions,

suggesting that liaison psychiatrists could best help distressed patients by training doctors and nurses to deal effectively with such problems without the need for specialist referral.

Guy's teacher visits Australian schools

Jennifer Stevens, Deputy Head Teacher at Guy's Hospital School, has recently spent three months in Australia on a Winston Churchill Travelling Fellowship to study how the Australians educate their children undergoing medical treatments be they for short or long periods. She reports:

'The majority of visits made were to children's hospitals or children's departments in large general hospitals. I was able to visit the main centres in the state capitals, as well as smaller units in Alice Springs, Port Macquare and Townsville. There was a well-established educational service for children in hospital which many centres in the United Kingdom schools would envy. Everywhere hospital schools were fortunate in their accommodation, and paediatric departments valued the educational and social presence of the hospital school.

The long-term education of children can spread over a period of months, even years, so it was important to look at the educational services that linked with the hospital. Consequently I visited some special schools, home teaching centres, rehabilitation centres, pre-school units and early learning centres with intervention programmes for children under five years of age who were developmentally delayed.'

Dr Charles Louis Joiner — an appreciation to mark his retirement

It used to be said that Guy's Hospital consultants had to be larger than life. With the retirement of Dr Charles Joiner, this no longer seems true. As a registrar, Charles Joiner's clinical reputation was such that distinguished colleagues in the USA thought nothing of telephoning him during the middle of the night to settle an argument. Once on the staff, the students so admired his teaching that they stood in crushed ranks around the bedside on Friday mornings, listening to the ward clerk's account followed by Dr Joiner's very pointed interrogation and then by an exposition of the medical art in all its clear simplicity. Classical physical signs would be demonstrated, sometimes to the bewilderment and even scepticism of the registrar but nevertheless leaving a deep and lasting impression on the student. Charles Joiner was — and is — a born teacher.

Later on there were other achievements. He was physician to Beckenham Hospital and one of the first authors of the famous textbook 'Houston, Joiner and Trounce', which, with its new editors John Rees and John Trounce, still survives after 26 years. As his private practice grew, there was not so much time for other things and Guy's saw less of him; but he toured Germany as consultant physician to the Army and continued to give the most popular teaching rounds in the hospital.

There are many stories about Charles Joiner and the particular brand of humour of which he was also capable. The student who had the traditional duty of allocating patients to his colleagues was known as the 'Gauleiter'. This term caused considerable offence to one particular student and this was duly reported back. 'He is quite right,' said Dr Joiner. 'The term *Gauleiter* means an area supervisor. It ought to be *Gruppenführer*.'

They don't make them quite like that any more.

MHL

Rugby Club spring tour

The 3rd XV spring tour will be to Guernsey this year. Provisional dates are Friday 17 to Sunday 19 February. All those interested please contact Mike Davies (3rd XV Captain).

No friends like old friends

A very successful reunion of some thirty Guy's men who graduated in 1944, with some others from adjacent years, was held on 11 November 1988.

Participants came from near and far, including the remoter parts of England, Wales, Scotland and the Channel Islands, with the prize for long distance travel going to Dr Donald Paine from South Carolina.

Dr John Fry arranged an excellent meal at the Royal Society of Medicine, and as recognition dawned after four decades, conversation and reminiscence flowed continuously. Dr Chris Darke, once our first Clinical Tutor, came as our guest. Mr T L T Lewis reminded us of the great days of hospital rugby, and indeed everyone present gave a thumbnail sketch of their careers.

Without exception all present thought that the event should be repeated but including 1943-1944-1945 years of qualification. The date will be Friday 17 November 1989, and in the spring of next year, Dr Derrick Morton (19 Highfield Road, North Berwick, East

Lothian EH39 4BW) will hope to have sent invitations and details to all concerned. A list of those present at the 1988 reunion is given below.

M A Barker
M J Blunt
P Brightwell
A Brown
C B Clarke
E H Couper
M D Cremin
S Davis
C S Darke
J M Fabricius
J Fry
P Hopkins
E D Clifford Jones
R E Irvine
F R S Knight
A B Lee
T L T Lewis
N L M McManus
D J Morton
D T H Paine
B H Pentney
B Pickard
J Riddle
D R S Saunders
A G I Stockley
I T The
J R Trounce
E A Wright

Fern E Rodmell PhD MSc SRN RCNT RNT

Mrs Fern RODMELL (neé Jones) was awarded the degree of Doctor of Philosophy (PhD) from the University of Surrey in November 1988. Mrs Rodmell trained at Guy's Hospital and held posts there as Clinical Teacher and Nurse Tutor. She was Senior Tutor at the Richmond, Twickenham and Roehampton Health Authority for 5½ years. Having gained an MSc in 1985 she worked as Consultant in Curriculum Development for the Maidstone Health Authority. Subsequently she was employed to the Ministry of Health, Commonwealth of the Bahamas, working primarily on special curriculum projects for the World Health/Pan American Health Organization.

Allan Thompson and James Mansie

Allan Thompson and James Mansie would like to thank all those old friends — all 120 of them — who gave them such a splendid evening to celebrate their 80th birthdays. They were overwhelmed by the occasion.

***Guy's Gazette* Christmas Raffle**

The 1988 Christmas Raffle was drawn on Thursday 15 December, by Hazel Boughton, in the new Gazette office in Boland House. The winner was Dr Asim Yousif of the anatomy department. A full list of winners is given below.

Dr A Yousif	£250
Mrs C Brooks	£100

Mrs D Hopkins	£50
Guy's Cricket Club	£30
Mrs C Pankowski	£20
Mrs D March	£10
Mr P Warner	£10
Mr L Walters	£10
Mrs J Fuller	£10
Mr D Jackson	£10

South Wales Guy's Hospital Society

The annual dinner of the South Wales Guy's Society will be held on Saturday 18 March at the Park Hotel, Cardiff, following the Wales v England rugby international. This year's president is Dr Alan Phillips and guest speakers will be Dr G W Scott and Professor A H Rowe. Tickets and further information are available from Mr C E C Lewis, Glenhaven, 129 Cardiff Road, Taffs Well, Mid Glamorgan. Tel 0222 810523 (W) or 0656 61487 (H).

Dental School/Hospital 1889-1989 Centenary Programme

Thursday, 11th May 1989

3.00 pm Awards Ceremony — Southwark Cathedral, Guest of Honour, Lord Butterfield
Followed by tea in Boland House for invited guests

Friday, 12th May 1989

11.00 am Thanksgiving Service — Southwark Cathedral

1.00 pm — Lunch for invited guests in Glaziers' Hall
— Buffet lunch in the Robens Suite

Lecture Programme

Restorative Dentistry — Chairman Professor M N Naylor

2.30 pm	Professor R M Watson	— Implants, their current and future role in provision of dental care
3.00 pm	Dr D Brown	— Dental Materials — Achievements and Prospects
3.30 pm	*Tea*	
4.00 pm	Mr R J Ibbetson	— The Occlusion — should it be adjusted?
4.30 pm	*Final Discussion*	

Oral Surgery/Oral Medicine — Chairman Professor D E Poswillo

2.30 pm	Mr M D Awty	— Modern techniques in Oral & Maxillo Surgery — what's available for your patients
3.00 pm	Professor T Lehner	— New remedies for Oral Disease
3.30 pm	*Tea*	
4.00 pm	Mr P M O'Driscoll	— The Temporo-mandibular joint — Common problems and their treatment
4.30 pm	*Final Discussion*	

Orthodontics/Paedodontics — Chairman Professor W J B Houston

2.30 pm	Professor C D Stephens	— Changing patterns in Orthodontic care
3.00 pm	Professor A Brook	— Why does my child have this strange tooth?
3.30 pm	*Tea*	
4.00 pm	Professor P J Holloway	— Capitation Scheme — is this the way forward?
4.30 pm	*Final Discusion*	
2.30 pm	Professor R A Cawson	— London Bridge City — An historical perspective of Guy's: Tower Lecture Theatre
6.30 pm	Reception — Merchant Taylors' Hall	

Saturday, 13th May 1989

Clinical Meeting

11.30 am	Herbert Memorial Lecture — Dr J W McLean, OBE
2.30 pm	Cases you have sent — Dr S J Challacombe
	Dental Society Dinner — Park Lane Hotel

Further details from: The Dean of Dental Studies, Medical School, Guy's Hospital.

Obituaries

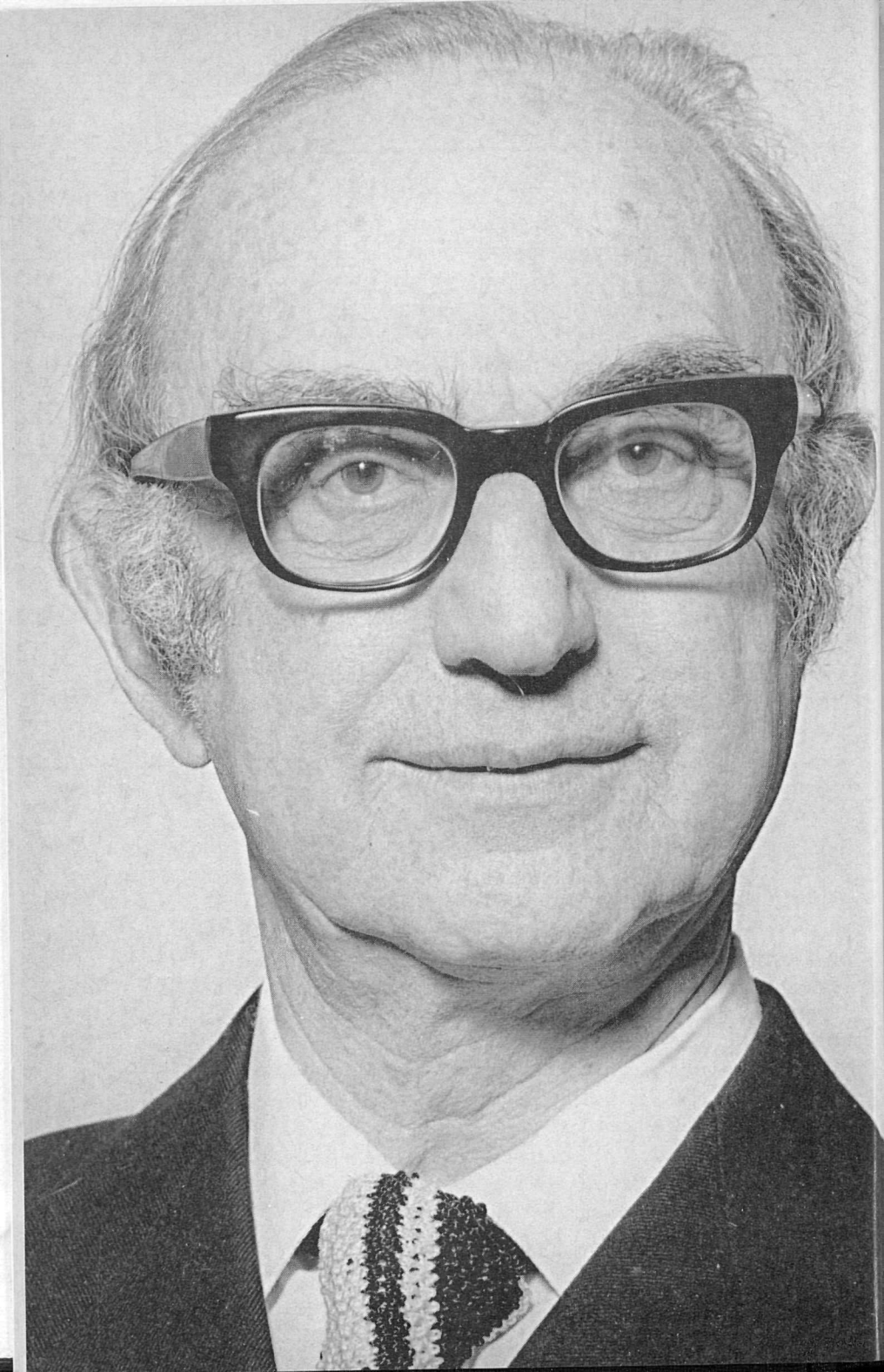
Dr Louis Forman MD, FRCP

Very many people will have heard with great regret of the recent death of Dr Louis Forman. He first came to Guy's in 1918 and continued to visit us until 1988, so that for 70 years he was closely associated with the hospital and medical school, and for many people will have represented all that was good about the hospital. His chief interest and importance was in the department of dermatology, but he always displayed a great interest in all aspects of hospital life. An extremely large number of medical students will remember him as a kind and erudite physician.

He had a very distinguished undergraduate career and was assistant house surgeon to Sir Alfred Fripp and house physician to Dr Fawcett. He was appointed a medical registrar and passed the MRCP examination and was awarded the MD (London). He was a general physician at St Olave's Hospital and then Chief Clinical Assistant to the Skin Department in 1928. Subsequently he was appointed a consultant physician in diseases of the skin when Dr B G Dowling moved to St Thomas's Hospital. During the war he was responsible for a large number of dermatological patients in many different scattered hospitals and sub-dean for the medical students when he was teaching general medicine as well as dermatology. After the war, his main efforts and activities were confined to Guy's Hospital and he became senior physician in charge of the dermatological department on the retirement of Dr H W Barber in 1946. He retired in 1966, but continued to visit the dermatology department once a week for many years afterwards.

With a multifaceted personality like Dr Forman it is difficult to pick out various aspects for which he will be particularly remembered. With regard to his personal interests, he was for many years a very keen tennis player and played the piano often and well at home. His knowledge and love of music was outstanding. However, there is no doubt at all that his greatest interest for all of his life was dermatology and various aspects of dermatology. He was an enormously experienced clinical dermatologist with an extremely good memory for patients with unusual or difficult problems. His experiences in these matters he always freely passed on to all the junior dermatologists with whom he came in contact.

On particular aspects of dermatology he was one of the first to introduce biopsies on many different patients with many different



conditions. Histological examination of various skin disorders is now so much a routine part of the examination of most dermatology patients that it is difficult to envisage a time when it was quite unusual to take a biopsy as an aid to diagnosis. He was one of the early pioneers of the various aspects of immunology in relation to dermatology, and he retained his interests in immunological advances affecting dermatology until the end of his life.

He was also always interested in, and a great help to, young dermatologists with their careers, their research interests and clinical aspirations. Even up to the last year of his life he attended the monthly clinical meetings at the Royal Society of Medicine, the St John's Hospital Dermatology Society and the Saturday morning clinical gatherings at St John's Hospital for Diseases of the Skin. At these deliberations, he was always the voice of experience and knowledge and was usually the final word on many clinical problems. None of these meetings will seem to be the same without the familiar figure in the front row making lucid and original observations. There is almost no one now alive who can remember the meetings without him being there. At the Saturday morning meetings, the chair that he always used is still empty, and it will be a very long time before anyone will feel they can take over the position of such a master of diagnostic dermatology. He often entertained junior dermatologists and other friends at his home, where he proved to be a generous and kind host.

Leaving aside all his contributions to clinical dermatology, he will be missed by most people as a kind, generous and thoughtful person, always friendly and always helpful to everyone. He will be very greatly missed. Our condolences are extended to all the members of his family.

R S Wells

An address given at a Service of Thanksgiving for the life of Dr Louis Forman by P R Montgomery

Service held on Thursday, 15 December 1988

We are here today in grateful memory for the life of Dr Louis Forman, physician to the skin department of Guy's Hospital, in the great tradition of its former clinicians like Bright and Wilks, Gull and Addison, whose names will never be forgotten. I am greatly honoured to be asked to give this address as I have known and admired Dr Forman for many years, first as a patient, with those embarrassing spots of adolescence, then as a student, then as his

houseman, then as his registrar and senior registrar until I left Guy's in 1958. So I may have been the first consultant dermatologist to have been trained almost entirely by him. Nearly all I know is a result of his teaching and example.

I can still remember the excitement I felt on first entering the skin department at Guy's having completed surgical and medical house jobs. Here the atmosphere was completely different from the ordinary disciplines of medicine and surgery. Balmanno Squire once said that dermatology dealt with that department of nosology which, being mediate between those of medicine and surgery, was scarcely acknowledged as belonging to either and, certainly, in the skin department at Guy's, under the aegis of Dr Forman, with his able and brilliant pupils whom he attracted to his department (many of whom are here today), I found an atmosphere of observation, speculation and discussion such as seemed missing in my previous jobs. In Dr Forman, I found the most intelligent and subtle doctor I had ever met. I felt that at long last I had found a niche, however small, where even the most junior member of this fascinating team was made to feel at home.

Louis Forman, despite his great admiration of science and the scientific method and research which he encouraged in others was, himself, primarily a clinician and especially a diagnostician. Medicine is sometimes called an art and sometimes a science and, of course, it is both, and the Greek word *Techne* can be translated as either. Although the contributions of the scientific method to medicine and dermatology are enormous, the practice of clinical dermatology demands not only the knowledge of these scientific contributions, but also the ability to apply them. Not only this, medicine is not only applied science, but also it demands talents over and above those of pure reason and the experimental method. The clinician is required to understand and sympathize with patients; he has to recognize and remember recurring patterns of disease; he must remember from his experience what is representing itself to him; what treatments have helped and what have failed and, above all, he must be open to and be aware of all the signs and symptoms and clues that are presented by each individual patient. He cannot rely entirely on investigations or even computerized data. Dr Forman was amply endowed with these talents and brought his sensitive, artistic temperament and his great intellect to the practice of dermatology. Art has been defined as the intellect at the tips of the senses and to see Dr Forman examining a patient was to see this definition in act. When he examined a patient, nothing escaped him

and as we watched him scrutinizing the skin with one pair of glasses, sometimes with two, sometimes (because of his short sight) with none, he seemed to be penetrating through the skin to the very nature and causes of the disease. Although occasionally he gave us some formal teaching, he mainly taught us through example and through speculation stimulated by the presence of the patient and his problems, which prompted him to think aloud; one of his most endearing and informative characteristics.

He made it clear that the whole of the skin must be examined and that only daylight rather than any artificial light could show up the textures and colours as every artist knows. He also made it clear that the whole patient as well as the skin must be considered and many is the time that he displayed his talents as a general physician and discovered some underlying cause or condition which would have been missed if his attention has been confined exclusively to the skin.

I remember well, one day, as a houseman, he called me in to examine a youngish man with generalized pruritus. I could find nothing wrong with his skin and nothing on general examination. Dr Forman had to point out that he had an enormous, though soft, liver, which extended to the left iliac fossa, and one had to start palpating there to discover its edge. Although obviously pleased with his discovery, he merely said 'Well, I thought he looked rather peaky'.

Even if he had made a diagnosis, he was never really satisfied but was always searching for causes. Although he was extremely interested in rare and difficult cases, he never despised what many dermatologists considered to be trivial, uninteresting problems beneath the dignity of a consultant. He displayed the same interest and care in the common wart and acne vulgaris as he did in the most recondite cases. In one case, however, if we are to believe Ann McGuire, his attention faltered and his concentration appeared to be spurious. She told me the story of how Dr Forman, his head bowed, apparently in the deepest thought, listened to the patient who was bewailing his affliction at considerable length. When he finally ceased, Louis raised his head and, with a bright boyish smile, said, 'Please tell me, how do you get that marvellous polish on your shoes?' Whether this was designed to distract the patient from his troubles or whether he was truly fascinated by the shiny shoes, all else being forgotten, we shall never know.

Louis Forman was a man of great humour and wit, though never unkind. In fact, it is well known that he never said anything

unkind about anyone and the worst I have ever heard him say was that someone was 'unpredictable'. Like all popular consultants, he was portrayed in the residents' play, and I well remember how, one day, we were passing the physiology theatre, and we heard the piano rehearsing some hackneyed tune 'Ah', said Louis, '*La melodie chronique*'. As most people know, Louis was extremely fond of and knowledgeable about music, and played the piano himself. He was also sensitive to the visual arts and, although he liked poetry, he always felt that he was being cheated and deceived by the rhythm of the words and the rhymes and that these were detracting from truth and seducing his reason.

Whatever he did, he took seriously and such was his humility that he always felt he could improve himself. Either by being taught the piano or by being coached in tennis or even by taking elocution lessons when one might have thought his natural ability as an orator made this unnecessary.

Nor was his contemplative attitude to medicine wholly exclusive of the practical side. Before he came to the skin department, when he was a medical registrar, I believe, he was the first person in this country to perform a phrenic crush.

Now I have assisted his friend, Grant Massie, the surgeon, perform a complete anatomical dissection of the neck in order to remove a cervical gland for biopsy, and one's mind shrinks from having to find the phrenic nerve amongst these dangerous structures. When I questioned him about it, he said, again with characteristic humility, 'Oh, I'm really quite good at those little fiddly things'.

Again, he showed his practical side after one of his registrars collapsed after a self-administered injection, possibly an allergic reaction, more probably a miscalculated dosage, and it was Louis who ordered and obtained and administered the antidote with commendable speed and, I may add, complete success.

As I said, like all popular consultants, he was portrayed in the residents' play, and his song included:

'Skin diseases soothe the senses
With their classical pretensions
We forget about the tenses
But remember the declensions
As we settle our dissensions
By deploring the offences
Of primula Obconica
and primula sinensis

There is a Lilliputian wail from a tiny silver scale' and later 'There's a whisper so forlorn from a little plug of horn'.

And so it went on in imitation of Kipling but we heard more of this little 'plug of horn' because he devoted the whole of one clinical lecture to the horny plug and the diseases in which it occurred which resulted in a masterpiece ranging over the whole field of dermatology and he ended with this apt quotation from William Blake

. . .

'To see a world in a grain of sand
And a heaven in a wild flower
Hold infinity in the palm of your hand
and Eternity in an hour'.

I do not propose in this short address to rehearse Dr Forman's personal history and all the important posts he held, both at Guy's and St John's and elsewhere and his election to the Presidencies of various learned societies. Enough to say that his reputation was enormous and extended not only among his colleagues in London and this country but to the continent and the United States, where he had many friends.

I think he must have attended more meetings than any other dermatologist in his long life. He will always be remembered sitting in the front row, always contributing some wise council or learned speculation, and he continued to attend these meetings until the last year of his life despite that greatest affliction for any dermatologist — his failing eyesight. His contributions at these meetings amounted to far more than anything he ever committed to paper. This widespread communication of his knowledge and wisdom at meetings and the various hospitals at which he worked and the gratitude of the patients he treated, is one form of immortality. Louis has earned this to the full. Another form of immortality is that transmitted to one's progeny and, although Dr Forman was a bachelor, no doubt the hereditary basis of his talents will be transmitted from the genetic pool to some collateral descendent. On this subject, Louis once said to me, 'You know, the only really important thing of life is to have a wife and family — you should get married as soon as possible'. A day or two later, he said, with engaging candour, 'Don't take what I said too seriously. I really only wanted you to get married so that I could come and stay with you and be looked after by a good housewife'.

Finally, there is a question of personal immortality itself and to paraphrase T S Elliot: 'The awesome courage of a lifetime's surrender to an art, profession or humanity by this and this only

have we existed which is not to be found in our obituaries nor in memories draped by the beneficent spider or under seals broked by the lean solicitor in our empty rooms'.

This is the real immortality of all that we have done, seen, felt in our lifetime. Louis Forman's thoughts and acts were, and are, a permanent reality in being and, therefore, in eternity, and this is the real immortality. He is his own monument and for his life and his works, we now give our thanks.

Doctor and friend to truth in soul sincere
In action faithful and in honour clear
Who broke no word to serve some private end
Who gained no enemy and lost no friend
Enlightened by himself by all admired
And loved by those his genius inspired.

Dr T M Winstanley

Dr Magor Winstanley collapsed and died suddenly at his retirement party on the 3 December, 1988.

Magor entered Guy's Hospital Medical School after spending two years in the RAF Regiment — mainly in the Middle East. He qualified as MBBS, in 1955, and then obtained the DRCOG. After house appointments at Guy's and HM Stanley Hospital, St Asaph, he joined a long established practice in Ruthin. Here his personal qualities of kindness and concern, combined with his professional training, flourished and he was a highly respected country doctor.

He enjoyed gardening and loved fishing and caravanning. He had a great appreciation of music.

For many years Magor had been the Secretary of the Guy's Hospital North Wales Society and it had benefited from his enthusiasm. We offer our deepest sympathy to his wife, Beryl, who supported him in all his activities.

He will be sadly missed by all.

Morton E Evans

Throughout your Medical Career, look for the name
LEA & FEBIGER – A NAME TO REMEMBER
Medical books of the highest quality – Authoritative, Important, up-to-date. Superbly produced. Great Authors.

407 Art Club — Christmas Exhibition
By our art correspondent

It was a pleasure to see so many new exhibitors from within the Guy's family. Sadly, no students were represented and the work was entirely that of staff or their families. The exhibition was well attended and rightly attracted much praise. The variety of styles made it more interesting than some previous shows and every item on display had some appeal. A few visitors returned two or three times to look at a particular favourite.

Professor Cawson's watercolours were much admired. There were the small botanical studies of lilies and mushrooms, a delicate, tall picture of an anemone and a beautiful pink cyclamen, with colours applied to wet paper. More robust were his pictures of Mont St Michel and the Old Mow Plough. *The Wild Garden*, a semi-botanical study, conveyed all the serenity of a summer garden on a warm, still day. The scene was justly proclaimed by some to be the best picture on display. We must see more of Rod Cawson's work.

The entrance to the exhibition was guarded by Penny Atkinson's bird, a colourful embroidery. Adjacent to it was another example of her work entitled *Sweetcorn*. This was a bright embroidery and applique, as striking as the bird. Penny Atkinson's wide talents

were exemplified by small ink drawings of Venice, Lake Como and Woodend Cottage. She also exhibited three oil paintings of her children entitled *Phillipa I, Christopher I* and *Stephen II*. One corner of the room was devoted entirely to these pictures enabling the visitor to contrast the techniques employed by the artist.

Pastel colours were used by Hyacinth Alvares in her two atmospheric studies of Chatham Station. Her appreciation of perspective gave these mundane subjects a vitality which was not quite so evident in her charcoal drawing of a shell.

Joanna Foley also chose to employ pastel for her one exhibit. Entitled *After the Carnival*, this enigmatic picture, mainly in sombre blues, showed a harlequin gazing into a Venetian canal. In this, as in examples of her work shown at earlier exhibitions, the draughtsmanship was admirable.

Three ink drawings, one of which was coloured and another drawn in white ink on black paper were shown by Kirstie Gibson. Meticulous attention to detail in the *The Chinese Tower*, *Saxofraga Bronchialis* and the *Lake Sunset* characterized the style of these works. They possessed a distinctive charm and a slightly mystical quality.

Mary Seller chose to present four pencil drawings. Two of these were of Highland scenes and two were of Elani, Greece. Close inspection was rewarding. The soft pencil lines illustrated intricate detail of foreground flora.

Two large watercolours by Gavin Knight were striking. One portrayed a Venetian scene, another the Duomo in Florence. The latter was a courageous choice of subject, well executed. The use of subtle colouring gave these popular scenes added interest and *The Duomo* seemed to glow with light.

The exhibition was further enhanced by another member of the Knight family, Marion. Her watercolour, *The Fisherman*, also revealed an effective use of colour to convey light and atmosphere. Her large oil painting of children with a toboggan was beautifully composed. The snow on the slope and hedgerow reflected the surrounding colours, the figures in the landscape providing the right balance of animation. This fine, seasonal picture was a fitting finale to the display.

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In the centre of the room were more of Jane Gibson's ceramics. There were 25 small bowls and pots in stoneware or porcelain and decorated with a variety of glazes. These were of a uniformly high standard and were nearly all purchased within 48 hours.

This successful exhibition once again attested to the depth of talent at Guy's, at least among its staff. The paucity of undergraduate representation has been regretted in previous years. Students are urged to contact Dr T Gibson Department of Rheumatology (ext 2698) if they would like to exhibit. The next 407 exhibition will be held in the spring when it will probably be devoted to work by just two of our painters. Further details will appear in the *Gazette*.

Malice in Slumberland — The 1988 Guy's Residents' Play

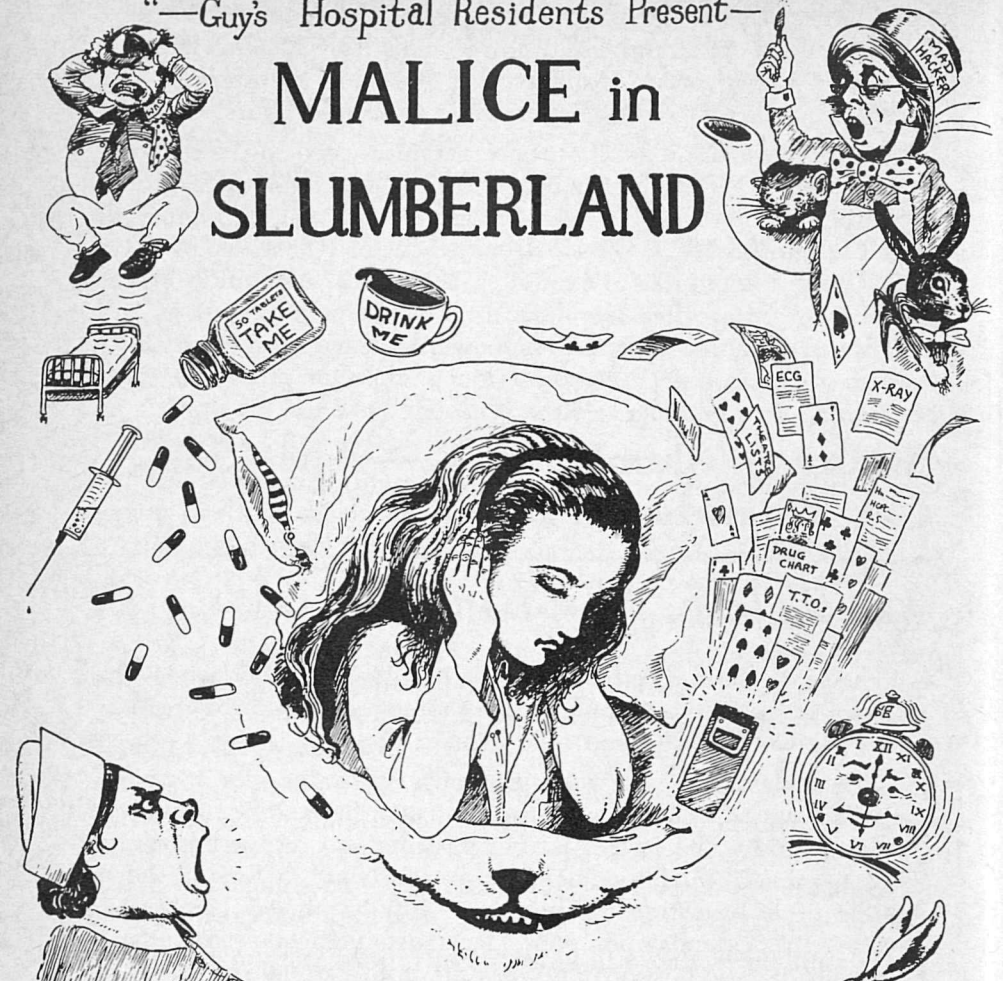
Reviewed by Dr Brendan Hicks . . .

A light-hearted romp rather than a satire, the 1988 play was distinguished by vigorous and imaginative choreography, sharp direction, and some wonderfully enjoyable musical numbers.

This tale of Alice the very new house officer was dominated by the wildly varied calls upon her time and energies and her numerous battles to find a bed or two for her patients . . . resource management has really hit home! Right from the start, a fussing White Rabbit of a Registrar (wittily and skilfully played by Majella McCullagh) descends upon poor Alice (sustained good performance here from Kirstie Gibson) and lists the duties stretching ahead. A song, then a chorus of calls dissolves to one of those night-time crises and a call to the other registrar on call. This turns out to be an extremely anti-social call from the registrar's point of view, ('*registrar interruptus*' being the technical expression). After a dialogue in the best tradition of residents' *double entendre*, Alice is off on her search for a bed. She finds herself a contestant on that well-known TV panel game *'Bedbusters'*, with some familiar admin. faces in the roles of questionmaster and scorekeepers. The well-scripted fun is rounded off (rather literally) by a certain Australian O and G man who carries off Alice to his unit. Free again, Alice finds Night Sister, or rather Night Sister finds her: it is time for the Nurses Chorus, but with a difference, being a heavily camped and extremely funny

"—Guy's Hospital Residents Present—"

MALICE in SLUMBERLAND



on 14th, 15th, 16th December
in the
Medical School
Harris Physiology Theatre
—at 7·30pm tickets £2·50p—
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J. FOLEY (after TENNIEL)

version of the similar number from The Rocky Horror Picture Show . . .

Sweet Night Sister

How d'ya do, I see you've met my brand new houseman.
You look a little brought down, because when I bleeped you
You thought it might be something grand.
Don't get strung out by the way I look,
Don't judge a book by it's cover
I'm not much of a nurse by the light of day,
But by night I'm one hell of a scrubber.

I'm just a sweet night sister,
From Transsexual St Elsewhere's Hospital.

Let me show you around, But don't make a sound,
Though you look like you're pretty frumpy.
If you want nothing to do, I can really annoy you,
You look like you're already grumpy.

ALICE
I'm glad you gave me a bleep
I know I sound like creep,
And I don't want to cause any worry.
When you're finished your tea
Will you do my IV?
'Cos I'm in a bit of a hurry.

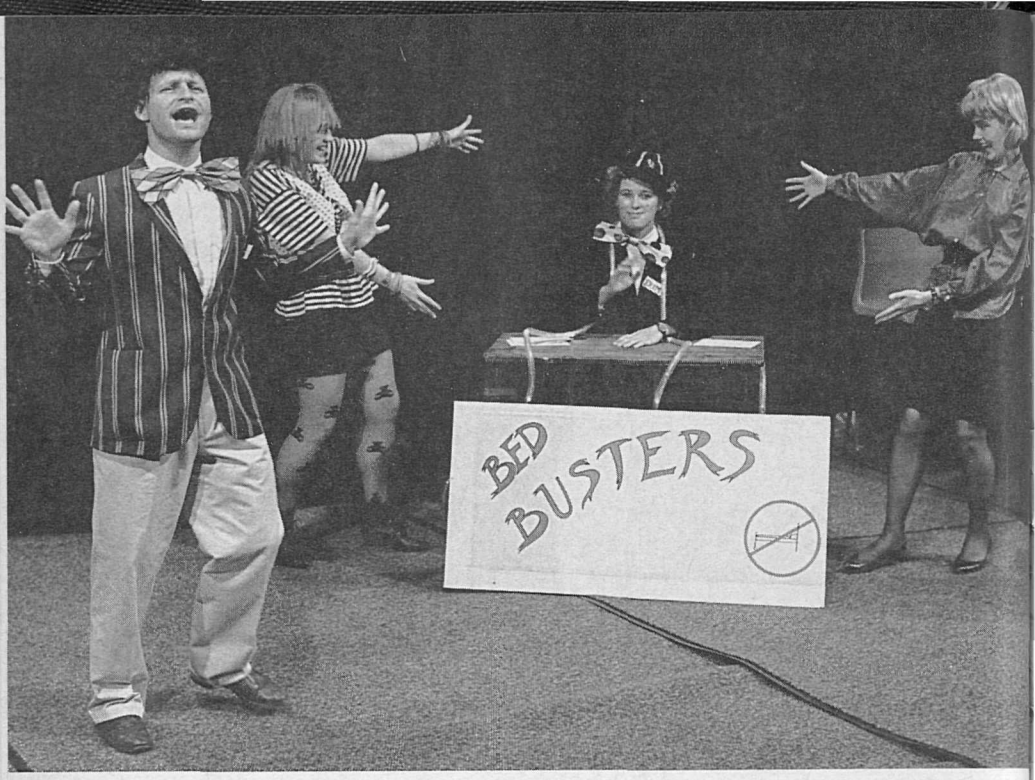
So you've got an IV
Well, that's good news for me
I can see that you're pretty manic,
By the end of the night, if you're still feeling bright,
I can really make you panic.

I'm just a sweet night sister,
From Transsexual St Elsewhere's hospital.

Why don't you stay up all night?
I'll give you a fright.
And I'll tell you about my obsession.
I like to keep you awake,
Really make you quake,
And keep you under constant tension.

I'm just a sweet night sister,
From Transsexual St Elsewhere's hospital.

So, come up to the ward, Because I'm feeling bored,
I see you tremble with frustration.



Above: **Alice learns to play** *Bedbusters* (*Photo:* **D T**).
Photo p 35: **Sir Thomas Guy speaks out** (*Photo:* **D T**)

But, maybe the pain, will have disappeared again,
But I'm sure I can find . . . another symptom.

Alice next finds herself in the geriatric case conference, with much heavy humour all about, merciless but irresistible. Attempts to accommodate her new admission fail again ('We only have beds for old admissions, I'm afraid'). Apropos of nothing at all in the plot, which is of course perfectly acceptable on these evenings, the Thomas Guy statue comes to life and chats away for a while. Then we are in to a clearly back-lit screen scene of an endoscopy session — but this time the complete gastro-intestinal tract (and most of the possible jokes) is traversed. As the oral colonoscopy sees light at the end of the tunnel, Alice doesn't, particularly when she is hauled off to the 'Expensive Care Unit'. Amid much talk of breakfast and other high technology, the patient totally disappears. A song about crash calls, and some daft one-liners, lead us smoothly into one of the 'big production numbers', which owed not a little to a South Pacific original, courtesy of Rodgers and Hammerstein . . .

There is Nothing Like a Bleep

We get up at six o'clock,
With the moon still in the sky.
Wash our faces with cold water
Put on trousers, shirt and tie.
We rush up to meet consultants,
And we act like perfect creeps.
What don't we want?
We don't want bleeps.

We spend ages filling forms out,
We spend hours on the phone.
We get pestered with the drug charts
But we never even moan.
We do rectal examinations
And we do not mind the smell.
What do we mind?
You know damn well.

We don't have time to put on a clean white coat for . . .
Whenever we stop, there's always that bother.

There is nothing like a bleep. Nothing in the world.
Just when you really need a sleep, all you ever get is a bleep.

We feel restless we feel blue,
We feel tired and in brief,
We feel every kind of feeling
But the feeling of relief.
When on call the patients pester
Like you didn't know they could.
So what don't we feel?
We don't feel good.

Lots of things in life annoy, but, brother . . .
There is one particular thing that is nothing what so ever,
In any way, shape, or form like any other . . .

There is nothing like a bleep, nothing in the world,
Just when you really need a sleep
All you ever get is a bleep.

Something you do not want to keep, especially in the night
That's when it really makes you weep, that's your ever infernal bleep.
There is absolutely nothing like the peep, of a bleep.

When your busy with your IVs,
When you're clerking patients, too,

When you're scrubbed up at the table.
Or when you're even on the loo,
You get continually pestered.
And you're going up the wall
What don't you mind . . .
An outside call.

Just when you really need to sleep,
All you ever get is a bleep.

There is no sound like a bleep
Nothing else wrecks your sleep
Makes your skin want to creep
Makes your legs start to leap
Gets you up on your feet
Makes your heart miss a beat
There ain't a thing as galling, as bein' on call an'
All getting thinner, cause they interrupt your dinner.
That infernal, pestering, bothering, little brown bleep.

In the subsequent scene it was the turn of a certain well-known surgeon, a Mr Frank Trellis and his loyal secretary, to suffer some leg-pulls. The scene was slick and very funny, and another song lifted from the *Rocky Horror Picture Show* was used to good effect. I had some qualms about the propriety of including the lady concerned in a play sketch, and only hope she enjoyed it in the affectionate spirit intended by the residents.

The Mad Hatter's Tea Party is naturally set in the department of surgery, and the plot muddles its happy way on through some stand-up comic routines, another soliloquy from Thomas Guy, to another brightly staged number (with a nod and a wink to *'Putting on the Ritz'*.

Putting up the Drips

When your patient's going grey.
You must move in right away,
Throw off all your learned reserve,
Give the guy what he deserves.
Venflon — who cares what colour?
Green's good, but grey's much better.
Get it in a vein,
Then you're in business again.

Dehydrated or postop, oral fluids have been stopped,
Or they're on sips,
Putting up the drips.

Shocked or bleeding, cyanosed, major trauma, comatose.
Blue in the lips.
Putting up the drips.

What did Hartman put in his solution?
Seems to me it just causes confusion.

When you're called, it's two am.
Venflon's tissued once again,
Don't make no slips.
Putting up the drips.

When the blood pressure is low,
Pulse is up, it's time to go,
Haemaccel's the one to choose.
Crystalloid is just no use.
Run it fast, but watch for trouble,
Emboli from big air bubbles,
Going to the brain,
Oops! it's a CABG again.

Dehydrated or postop, oral fluids have been stopped,
Or they're on sips.
Putting up the drips.

Shocked or bleeding, cyanosed, major trauma, comatose.
Blue in the lips
Putting up the drips.

Do you use Dextrose or normal saline?
With 40 millimoles of KCl's fine

When you're called, it's three am
Venflon's tissued once again
Who gives a shit?
Putting up the drips

Poor Alice finally finds herself among the archetypal psychiatric team, who quiz and analyse merrily, before bursting into a nicely performed barber shop quartet. With some urological humour, a 'Smith and Jones' sketch and a grand final chorus again reflecting present realities — title *Budget Time*, Alice's journey ends. This final number was another of the high points of the play. Based on the multi-popstar *Do They Know It's Christmas Time?* song and video, the singing and staging were first class and, like so much of the evening, showed evidence of much hard work, concentration and rehearsal.

While one should perhaps congratulate producer and director Martin Fisher especially, this was a company show, in the best revue tradition, and the whole company deserve our thanks and all that

considerable applause they stimulated. Third-year student Paul Frisby's musical direction gave the songs a polished sound. Well done, Residents.

. . . and by Mr Mundy

It is traditional, as the festive season approaches, for the residents and related space-occupying lesions to cast all consideration of references to the wind and to take their revenge on the consultant staff for the injustice they feel at having to work for a living. The other traditional victim is some notable item of English literature — this year it was *Alice*.

The plot was simple (and now almost traditional as well) — Alice had to find a bed. To do so she had to deal with various obstacles including the admissions office (*Bedbusters*), the night sisters, the Department of Surgery, the psychiatrists and a mad butcher with an unusual side line. Interspersed were two excellent soliloquies from Thomas Guy and some musical numbers with the general themes of bleeps, drips and hospital budgeting.

The end result was very good, better than usual. There was more consistency than in other years with no bad bits, which is praise in itself because although it is easy to think up a sketch about the psychiatrists, it takes real genius to find something funny about the Department of Surgery. The oral colonoscopy scene had everybody in tears.

From the rectum further anteriorly, John Knighton sang a short ditty, most of which I didn't understand but would have done credit to *'O Calcutta'*, having earlier set the scene with Jonathan King, Barry Neale and Martin Fisher as four deviant night sisters in a song and dance routine which they seemed to enjoy even more than the audience. I wonder whether the girls in the cast ever got their stockings and suspenders back — I suspect not. There was still a lot of lipstick around on the following Monday morning.

These four were the backbone of the show — certainly of the musical numbers which were uniformly good. Here they were well supported by the ladies, particularly Majella MacCullough — a wench of Irish extraction and dubious surgical purpose. The best received musical sketch was *There is Nothing Like a Bleep (Dame)* but my own favourite was *Putting up the Drips (On the Ritz)*. I never realized that my houseman could sing and I was right, but the sheer enthusiasm of the production outweighed any tonal malingering,

particularly bearing in mind the limitations imposed by the size of the stage and of the band. On the subject of the band Paul Frisby deserves a special mention. Not only was he musically good but his tinkling fingers earned nearly as many laughs as the buttock-brained registrar who kept creeping into the first act. (One does learn a lot from these shows!).

I gather that one or two more tender sensibilities were disturbed by some of the dialogue, spoken and sung, and one or two ego's were undoubtedly ruffled (although one of my colleagues seemed unabashed at being referred to as 'permanently pissed'). None the less it is a constant source of surprise to me that most of the sketches each year are as reserved as they are, given the climate of the 80s. Maybe someone does have an eye to his or her reference after all.

Overall then, a very good show (despite the Chateau Armpit in the interval at a King's ransom per molecule) and a high standard for next year to follow. My congratulations to all concerned and particularly to Martin Fisher for his direction. I expect he still has a chance of a medical career — as a transsexologist.

The cast sing "Putting up the Drips" (*Photo:* D T)

Dental Notes

Dental Society Report

This is now the 94th year of the Guy's hospital Dental Society and also the centenary year of the dental school itself. Already we on the society's committee are busy organizing what we hope to be the biggest (and best) Dental Ball on Saturday 11 February. After last year's success, it will be held again at the Grosvenor House hotel, and we hope that people will make a special effort to come in this centenary year.

Tickets at £60 per double, may be obtained by writing to H Burrin & S Bunting, Dental Ball Committee, Boland House, Guy's Hospital, London SE1.

Already this year we have had three Dental Society evenings. The Presidential Address, given by Dr S J Challacombe, was on his 'oral pruritis; the itch of research and how to scratch it'. To a packed lecture theatre he went through much of the history of Guys since he began here, and the changes that have occured. He showed some of the research projects he has been involved in, and even a few results. The most memorable slide though, must be of Dr Challacombe's black and swollen eye which he had received playing rugby in a past-v-present match. Even after this however we were rather unprepared for some of the slides that Mr B Sims, a forensic odontologist, showed on the second Dental Society evening. Mr Sims talked to another capacity audience about some of the mass disasters at which he has had a part in trying to identify victims. Scenes from many air crashes and the Zeebrugge disaster were particularly vivid although Mr Sims managed to mix just the right amount of humour in with the talk to make it a very enjoyable evening.

The third Dental Society evening was in memory of John Willis, an ex-student and former Secretary of the Dental Society who was tragically killed in a car accident only weeks after qualifying. The talks on 1 November were about some of the electives that have been made possible by the awards set up in John Willis' name. Six students gave an account of their respective electives to Malaysia, America, Singapore, India, and Thailand and we were very honoured to have John's brother in the audience to hear them.

Remaining Society evenings have been listed below and we hope that you will use *your* Society to the full by coming to them.

Tuesday 7 Feb	'Life after Dentistry': Mr M Portelly
Thursday 23 Feb	Student electives
Monday 13 March	'The Changing Face of Treatment of Cleft Lip and Palate': Mr M Mars
Tuesday 11 April	'The Wounds of Nelson': Mr W R O'Flynn
Tuesday 25 April	'Seeing is Believing': Mr B O'Riordan
Thursday 11 May	
Friday 12 May	Centenary celebrations
Saturday 13 May	Clinical day
Thursday 23 May	'Are there still financial prospects after graduation': Panel discussion to include staff working in industry, the NHS, academic life, private practice and from Densplan.

Bill Schaeffer
Dental Society Secretary

Physiotherapy Notes

On the afternoon of Tuesday 29 November 1988 an unusual event occurred, a 'first' for Guy's and St Thomas's Hospitals. Some one hundred and fifty physiotherapy students from these two hospital schools gathered under the stony stare of Thomas Guy, formed up, turned out into St Thomas Street and, with escorting police, marched to the terrace at St Thomas's Hospital. They, together with some teachers and clinical staff, marched in protest at the decision of the Regional Health Authority to run down our two schools. From St Thomas's we crossed Westminster Bridge walking in twos and threes — since marching on Parliament is prohibited — to lobby our own MPs.

There are some who may be surprised, even shocked, to learn that physiotherapy students marched in protest under banners. Who would ever have imagined physiotherapy students being driven to take such action? A less hot-headed or militant group would be hard to find. Yet perhaps it is not so astonishing when one sees how the ineptness of the health authorities has provoked such widespread anger among nurses, another notably level-headed and non-militant group.

So we stood in the Mother of Parliaments that Tueday doing our democratic damnedest by putting points to Members; in fact some 20 MPs were seen and many others have been contacted subsequently by letter and telephone. The main issues put were, firstly,

the loss of the internationally recognized physiotherapy schools at Guy's and St Thomas's Hospitals to be replaced by an, as yet, undeveloped school at Eastbourne and the perceived deficiencies, including the suspected increased cost of clinical training from that site. Secondly, the irrationality of the Regional Health Authority planning, which was based on an inconsistent and obviously flawed report.

The decision to move training out of London — in line with regional policy — is intended to improve the retention of qualified physiotherapists in the South East Thames Region.

Since the south eastern quadrant of Greater London is a major part of this region and there are currently staff shortages of around 15% in London (the national average shortfall of physiotherapists is about 10%) this seems an oddly inconsistent line of reasoning.

Readers of the July 1988 *Gazette* (vol.102 No.2385) will recall Ron Cooper's excellent and, as ever, effectively expressed piece on this same subject. Since then the decision has been made to have a 1989 intake who will complete their training at Guy's and St Thomas's; otherwise the decisions remain.

The Regional Health Authority might take note of several features of this march — the commitment of the students and the fact that it took place at all — but they might also like to note the sheer competence and efficiency of the organization of this march. This was particularly commended by the police. It was in large part due to the abilities and hard work of two Guy's students. Someone who, like us, had been afflicted by the Regional Health Authority's procrastination and vacillation was heard to comment that the said Authority 'couldn't organize a dose of peroxide in a warehouse'. At least that is what we thought he said.

John Low

Nursing Notes

Minority Views

Well I expect you have all recovered from the festive season and enjoyed the party laid on once again so generously by the Trustees.

Hardly had I made my New Year resolution — not to mention matrons in this column — when another spectre rose which may remain to haunt me after readers have digested this offering. The appointment of an anti-racism and sexism officer at Guy's may not

have a direct effect on the *Gazette* or nurses, but these two aspects could mean she can fire at me with both holsters after reading this article.

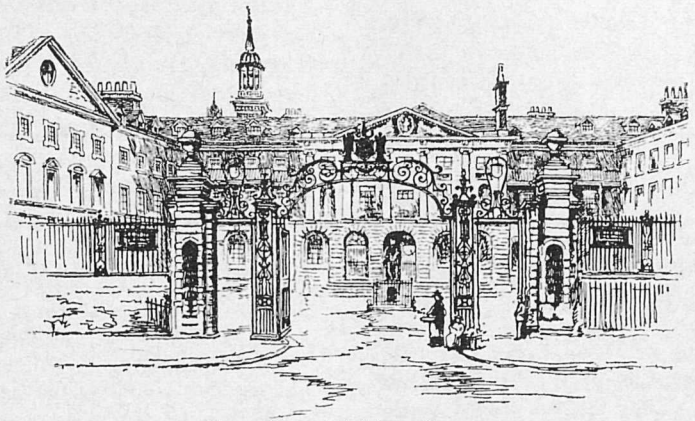
Firstly, I was writing in the *Gazette* on the prospect of men entering nurse training at Guy's before many of its present student readers were born. In 1967 this was to be the first London teaching hospital to accept male student nurses. It may surprise younger readers that the announcement of this prospect drew attention from the *Daily Telegraph* in the form of a headline in that august journal. What did I write that was so shattering? Here is an extract: 'the myth that nursing is strictly a woman's profession is slowly being eroded, and eventually there must be complete equality between the sexes unless there is to be a breakdown in the hospital service. There will be fewer young women available to enter schools of nursing from 1970 onwards. Of those who do enter, most will marry shortly after qualifying as State Registered Nurses. Males will remain in the profession many more years than their female counterparts. Owing to this, they will fill the top administrative and educational posts'.

Some of this has come true, and male nurses have been criticized on sexist grounds for overfilling top posts in management and training; although at Guy's a list of those occupying these dizzy heights shows only $7\frac{1}{2}\%$ are held by men.

Of course, male nurses should be a protected species. My wife was, at one time, often greeted with the query — a 'male' nurse? — when giving my occupation. Despite the diminishing frequency of this view today, there are still some funny ideas about men in nursing. From comedians' ripostes about a lucky prizewinner in first place gaining one night out with a male nurse, or to the second prize, two nights out, onward to Jeffrey Bernard's conclusion in the *Spectator*: 'I don't like male nurses, they are like ducks out of water', after he had spent a season in one ward, he seemed to think they were mostly screaming poofs!

Actually, men have been nurses for centuries. Under the guise of monks, knights hospitaller and serving brothers, they cared for the wounded in the Crusades; but in the earlier years of this century they were employed mainly in psychiatric hospitals. However today we are accepted in all branches of nursing, including midwifery: 49% of the population are men, while only approximately 10% of the nursing profession is male. Secondly, if male nurses are a minority at Guy's, surely nurses from a non-WASP background are, if only on anecdotal evidence, another minority group? On this subject I will continue in my next column, I hope.

Guy's Notelets



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As if this is not a disturbing enough start to 1989, what about the Government's White Paper on hospitals opting out of the NHS — an independent Guy's may be on the cards? If I hadn't made that New Year resolution, I might suggest they will even bring Matron back yet!

Denis Cobell

Sport

FOOTBALL CLUB

Guy's Hospital 4, St Mary's Hospital 2

The first of this series of three articles concerns the quarter-final of the United Hospitals Cup 1988–9. Guy's performances in the senior version of this competition have been disappointing for several seasons but fielding, arguably, the best first eleven for many years (a team now in the Premier Division of the ULU league) Guy's *should* reward the supporters by picking up the trophy on 15 March.

A nervous eleven met at Waterloo for the trip to Teddington, where they found a typically arrogant St Mary's side not at all impressed by our pre-match warm-up.

A typically jittery first ten minutes soon found us in trouble. The Mary's right winger had only the veteran (but vastly experienced) Guy's goalkeeper between himself and cup glory. Unfortunately dreams of Motspur were clouding the concentration of the aforementioned goalie and an unnecessary goal was conceded. Previous Guy's teams would have rapidly crumbled into a hopelessly demoralized, arguing mess but this season our boys are made of sterner stuff.

Constant pressure in the Mary's half enabled Tim Mead to reply quickly with a marvellous solo effort slotted neatly past the keeper. This was a delight for the fans who had just stepped off of the supporters' train.

The role of acting captain on this day fell to Tim McDonagh in the absence of Mr Carapetti, who was busy helping orthopaedic surgeons sew his knee back on. Tim plays an important role in Guy's impressive strike force these days, and his skills are doubly appreciated when one realizes that he is so short-sighted he has to locate the ball by sound. It was one of these typical audio-sensual efforts that found him deftly converting an accurate cross from Nick Tucker — who was without doubt the fastest carthorse on the pitch.

A steady defence, led by Andy Mead and David Bailey effectively shut out Mary's and shortly before half-time the fans pin-up, Ashley Spivak, enormously pleased his supporters by putting Guy's 3–1 in the lead.

The early part of the second half produced some of the most exciting, attacking football Guy's have played all season with several near misses and the occasional ridiculously near miss. Tucker (one of the 'old heads on old shoulders') soon came to the rescue with a (rare) goal which put the game out of reach for Mary's. Once again Hendricks played a blinder despite being a little under the weather.

Apparently dissatisfied with the performance of his trusty keeper Ashley Spivak produced a back pass with the velocity of a speeding bullet which, despite the previous night's Inflam, Gardner the Gloved Marvel miraculously turned around the post. Shortly after this, however, Mary's got a consolation goal courtesy of the captain's myopia (he substituted the wrong player) which upset the defensive coordination somewhat. Commiserations to the substituted player Kitey whose determined tackling and *controlled aggression is an important* part of Guy's success this year (mainly because he scares the stools out of the opposition).

In summary a 'good result but could do better' — especially if this *team is to fulfil its promise of bringing* back the silver aboard an open-top double-decker bus driving down Borough High Street in March. The semi-finals of both senior and junior competitions (of which Guy's 2nd XI are holders) will be held at Cobham on Wednesday 8 February. Please come and support both teams.

Team:
Tony Gardner, David Bailey, Andy Mead, Phil Roberts, Kitey, Hugh, Paul Hendricks, Tim Mead, Nick Tucker, Tim McDonagh, Ashley Spivak.

RUGBY CLUB

Guy's Hospital 1st XV v Old Dunstonian's 1st XV 22–30

The first game after the Christmas excess is normally one to look forward to, as most of the players tend to be suffering from withdrawal symptoms after a lull in the match fixtures. Old Dunstonians, normally a well-drilled side, looked like a team that would shake up our festive spirit and provide an opposition that would result in a hard and fast game.

The very first ruck that Old Dunstonians won showed how eager they were to play their game, and within five minutes their accurate place kicker set the tone for the rest of the game with a well struck penalty. Straight after this minor setback the Guy's players surprised themselves and everyone else by beginning to play well, (something which is normally reserved for the end of the second half). We persistantly pressurized their line which held for some time before the tenacious Jamie Barwell charged down a kick to score Guy's first try.

From the restart Guy's resumed their territorial advantage and from a lineout 5 yards from Old Dunstonians line the Guy's pack set up a driving maul and it was Greg Ryan who performed the formality of falling over the line with the ball for the second try. Following this, an exchange of penalties was all that further resulted in the first half, which did not reflect Guy's dominance in most forward and back play. Two further tries were missed by a couple of inches and a forward pass.

The start of the next half saw a stagnation of the Guy's pack and a lesson in penalty taking, with our

14–6 lead being eaten up by penalty after penalty (the disparity between the penalties awarded to both sides causing a certain amount of consternation within the Guy's team). When Old Dunstonians took, and further extended, the lead to 14–21 the home pack woke up at the kick off and started rucking quite efficiently and fiercely with our third try being scored by Tony Wilson, doing well to break a tackle in the corner to widen the angle for the conversion. This, however, was missed, but at least Guy's had started to perform well again.

Their reply was swift as well, scoring a converted try in the corner from a scrum that was going backwards which was surprising. With the score now at 27–18 we felt somewhat angry that despite our efforts we were losing to the whistle of one man and the boot of another. So, once again, Guy's set about their task in a determined fashion gaining a penalty in front of their posts. Richard Docker, acting well to the situation took both sides by surprise and launched a long pass over two backs to find our hooker(!) Ben Stanhope on the wing who crashed over unopposed. However, fittingly or unfittingly, depending on your viewpoint, Old Dunstonians place kicker had the last say with another penalty. A feeling of robbery abounded among the Guy's players, but what I noticed was a lack of jubilation of the Old Dunstonians team. 4–1 should be the scoreline to remember.

Hospital Information

MBBS Results

The following students qualified MB BS (London) in December 1988 and are life members of the Guy's Hospital Clubs' Union:

BAHOLYODHIN, Tikapon
Thai Government Students' Office, 28 Princes Gate, London, SW7

BARLTROP, Andrew Huw
7 Grove Road, Northwood, Middlesex, HA6 2AP

NG, Wei Seng
37 Queens Gardens, London, W2 3AA

OBENG, Mark Atta
16 Claystones, Ladybridge Drive, West Hunsbury, Northampton, NN4 9UY

SAUNGSOMBOON, Daranee
West View, 14 Shaftesbury Place, off Piccadilly, Scotforth, Lancaster, LA1 4PZ

ZARD, Chantal
2 Chiltern Close, East Croydon, Surrey

The following student qualified MB BChir (Cambridge) in December 1988 and is a life member of the Guy's Hospital Clubs' Union:

APPLEBY, Mark Allan
12 Prince Consort Drive, Ascot, Berkshire

Dental House Surgeons

The following recommendations have been made to the Director of Dental Services for the appointment of Dental House Surgeons for the period 1 February 1989 to 31 July 1989.

Resident

General Duties and Mr Bret Day	D G Foskett
General Duties and Mr O'Driscoll	G E Read-Ward
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Dental School Centenary Appeal 1989

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DEATHS

GREVES-MORRIS, W M C, LMSSA, LDS, RCS. Died in Truro on 1 December 1987 aged 82. Qualified 1929.

MALONE, Charles Dennis, OBE, LDS, RCS. Died at Sandhurst, Kent, in January 1988 aged 82. Qualified 1929.

MORGAN, John Kempton, BA, MBBS, FRCP, died suddenly in hospital, 12 November, 1988, aged 68 years.

SIGGERS, C J C, FRCS, LDS, RCS. Died on 9 March 1988 at Devizes, Wiltshire, aged 83. Qualified 1928.

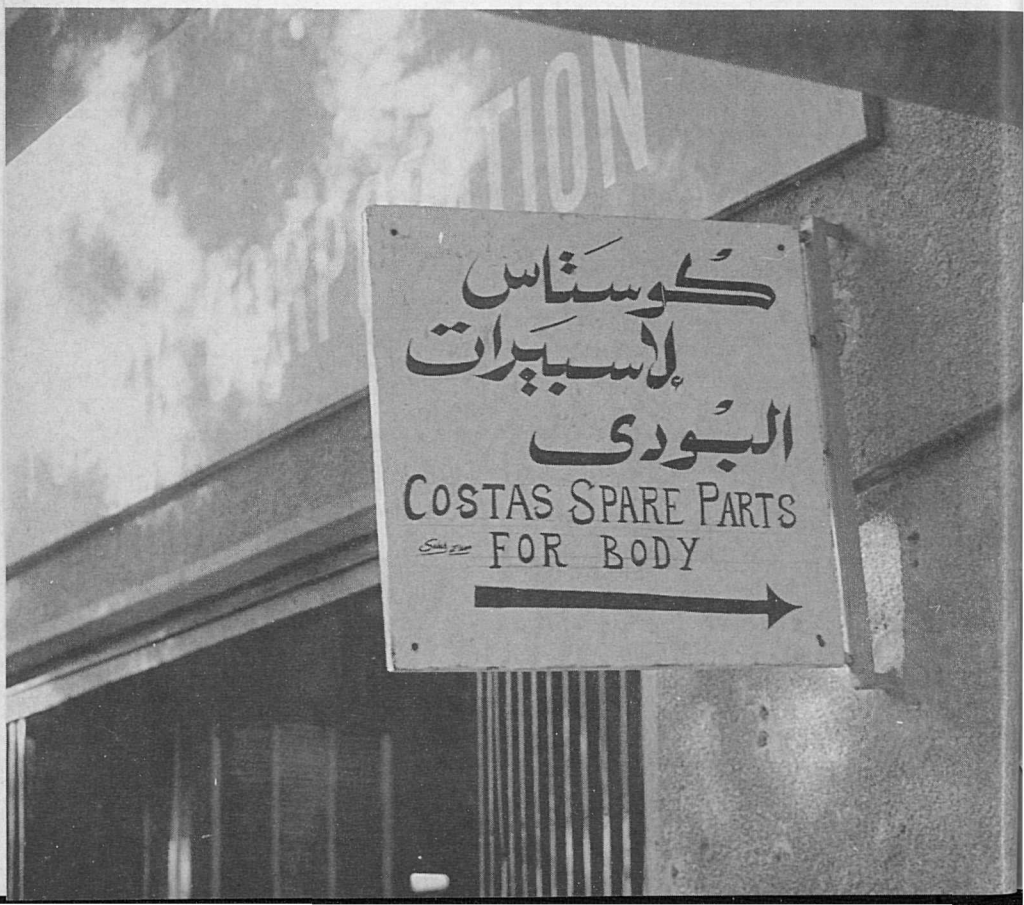
WINSTANLEY, Dr T M, of The Croft, Rathin, Clwyd, North Wales, on 2 December 1988.

CHANGE OF ADDRESS

HAWES, Mr & Mrs C D, Squirrells Drift, The Street, Bramerton, Norwich NR14 7DW. Tel (05088) 8093

TUDDENHAM, Dr H M, now at Gull's Reach, 21 Friars Road, Friars Cliff, Christchurch, Dorset BH23 4LS.

Guy Spy in the Sudan *(Photo supplied by Tara Marks)*



GUY'S HOSPITAL GAZETTE

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The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

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The front cover shows a view of the Park, taken in 1947.

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Passim

Do junior hospital doctors have to work too much, or don't they? Their recent public campaign for a well-defined ceiling to the number of hours they should work in a week seems to have hit home, so that most people now believe that they should not have to be treated by someone who has been awake for 36 hours in a row. Whether they can force the government and health authorities to change things, however, depends upon their presenting a more united front, not only among their own ranks, but across the profession.

Several factors currently act to dilute the junior doctors' argument. One is the less-than-universal support of their seniors, upon whom they rely for references. Many consultants continue to claim that things were harder in their day: the 'I only ever had two days off, and that was when I got married' approach. Although this argument has been considerably weakened recently (when a consultant with similar views was persuaded to join a firm on take-in for a night, and returned suitably chastened by the experience), it is still not hard to find willing proponents for it.

Then there is the argument about experience — it is apparently essential for a junior doctor to amass it as quickly as possible. This, we learn, cannot be done without spending at least 80 hours a week on the job. Quite how much genuine experience can be assimilated in the advanced stages of sleep deprivation has not been properly explained, but nevertheless this factor is often mentioned by opponents of the doctors' case.

Another problem is the juniors' concern for their promotion prospects — many would oppose any dramatic increase in their numbers that would make it harder to compete for senior positions. But you don't need an abacus to work out that the only way of covering the same number of hours in a week, with each doctor working fewer, is to have more doctors. So you need more senior positions as well. The government has promised to create them, but hardly on a scale that will produce any meaningful dilution of the workload.

Others have questioned whether it is really concern for their patients' care that motivates juniors in their protest. If they are working one-in-three rotas, could they not choose to spend one night on duty every weekend rather than three consecutive nights on one weekend in three? Does a social life come first?

I make the above points not because of a lack of sympathy with the juniors' case — on the contrary, I find it almost incomprehensible that the situation has managed to persist for so long. But the only real solution will be to employ more doctors to share out the work, something which will cost a lot of money. Mrs Thatcher has built an impressive reputation as someone with very long pockets and very short arms — it is hard to imagine her being forced to spend that kind of money without more cohesive lobbying from the whole medical profession.

In this issue

Our principal feature this month is an appreciation of the career of Dr George Scott, who has recently 'retired' from Guy's (a highly misleading statement, because he seems to be as busy and energetic as ever). He has not, thank goodness, relinquished his chairmanship of the *Gazette* committee, and I feel sure that I am only the latest of many editors who have found their task much more rewarding because of the kindness, generosity and above all the sense of fun which are Dr Scott's hallmarks. It is a great pleasure to carry the tribute to him by Dr Knight which appears in this issue.

From the *Guy's Gazette* of one hundred years ago we supply evidence (if any were necessary) that loutish behaviour is not solely associated with football fans, nor confined to the twentieth century.

German exchange student Bernd Kaskas has sent us etymological evidence that *Gauleiter* is very far from being an 'innocent' word, confirming the views expressed by Dr Winsley-Stoltz in our last issue. Are any of our readers prepared to spring to the defence of this traditional Guy's term?

We discuss the recent BMJ article examining the career of famous Guy's surgeon and transvestite, James Barry. This is not thought to be a problem in the department of surgery nowadays.

This month we interview two active researchers at Guy's: Dr Ignac Fogelman, consultant in nuclear medicine, talks to Mark Slade, while reader in psychology Dr John Weinman explains the finer points of his work to Aman Coonar. Helen Crimlisk reports on a recent one-day conference on health care and nuclear arms, while Dr A T M Roberts remembers his work at Guy's in the 1930s with Sir Arthur Hurst.

From the *Guy's Gazette*, one hundred years ago

Football was off on Monday last, but Snowball was very decidedly on, and the Policeman's lot (in Newcomen Street at least) was not a happy one. The fine old tradition received due honour at Guy's throughout the day, and an excursion from the Medical Wards to the front gate was an arduous affair for non-combatants. It was at the back gate, however, that interest chiefly centred, because there the majesty of the law was certain to intervene. Every bullet has its billet, and every snowball should have its Policeman. One or two had their Policemen very beautifully on Monday. We are compelled to chronicle, that even the staid and sober residents had their fling, and round about Clinical was, at times, a very hot corner indeed.

Correspondence

Honourable usage

Dear Sir

The *Passim* of December 1988 rightly bemoans racism and the row about Miss Keen's activities, which was so intense in the press that it escaped my attention altogether — but maybe we read different papers. The article ends with a sensible plea to discuss the subject of racism rationally and without accusing everyone of Nazism and Trotskyism (probably the same thing anyway).

The very next article is an attack on an honourable usage in just such terms; someone's mother may have been upset, presumably too ignorant to know, as the article states, that the term *Gauleiter* was in use before Hitler was born. Are you going to change the name of a Pinzgau horse because Hitler in Germany tried to eradicate all 'untermann' influences, to change photograph to Lichtbild etc? Must we in retaliation eradicate everything German or Prussian? Can we not listen to Wagner (who was antisemitic) or read Nietsche (who only had GPI)? Dare we be seen in a VW or a Mercedes — for his people and his officials?

If the term *Gauleiter* is dropped Hitler will have scored one more (very small and trivial) victory and Jenny Keen will go on being molested for her activities.

Yours faithfully

ALEX WENGRAF, FDS RCS

The Old Knoll,

Eliot Hill,

Blackheath,

London SE13 7EB

***Gauleiter* — the German viewpoint**

Dear Sir,

With much interest, I followed the recent argument in the *Gazette* concerning the usage of the term *Gauleiter* at Guy's. In my position as Guy's annual German student, I have to admit to having been delighted when I learnt of the use of a German word to denote such an important person as the mediator between students and their clinical teachers, a pivotal role within the much more practically orientated British medical training.

None the less, I feel the duty to correct some of the points made. Most importantly, it is well beyond any

doubt that the Nazis coined this term in 1933–34. It is explicity mentioned as such in two German dictionaries published in 1935[1] and 1939[2], whereas it was not included in any German or English dictionary prior to 1933. The word *Gau*, which in fact is very old in Germanic language[3], was usurped by the Nazi propaganda to allude to the ancient glorious medieval Holy German Empire. *Gauleiter* was the official title of a regional Nazi party boss[4], who generally ruled in a cruel and tyrannical manner which has become almost proverbial. Presumably, it was taken up by Guy's in order to ridicule the Nazi organization. I appreciate the peculiarities of English humour. But what might have been good for wartime morale is more difficult to understand today, as everything connected with the Nazis immediately evokes diabolical pictures of death camps, causing everyone's laughter to cease.

The appropriate German term would be *(Gruppen-)Sprecher* (speaker) which I cannot recommend for English tongues because of the awkwardness of articulation. In the good tradition of English compromise, I would plead in favour of the term *Leiter*, mocking mythical German effectiveness. Since in German this word might be either male or female in gender, meaning respectively leader or ladder, I would advocate in order to avoid any ambiguity that a female *Leiter* should be called *Leiterin*.

Yours faithfully

BERND A KASKAS

1 Dr H Volz, Berlin 1935 in *Matthias: Das neue deutsche Wörterbuch*, Leipzig.
2 *Trübners Deutsches Wörterbuch von Alfred Götze*, Berlin 1939, pp 28–29.
3 *Deutsches Wörterbuch von J und W Grimm*, Leipzig 1878.
4 cp Collins English Dictionary, London 1979, p602.

Bernd Kaskas is winner of this month's £5 Letter of the Month Prize.

Snowflake Ball report

Dear Sir,

With reference to what I may only describe as the extreme comments in February's *Gazette*, concerning the report on the Snowflake Ball published in December, I would ask our readers to recall their own student days. Were there really no high-spirited pranks in those days? I cannot believe medical students are really all that different today — perhaps just more frank about their escapades.

I hope that many more readers will consider the report in the lighthearted vein in which it was intended.

Yours faithfully

TARA MARKS
First year medical student

Dear Sir,

I should like to reply to certain comments made by some subscribers in February's *Gazette*, concerning the photographs and report of the Snowflake Ball.

I find it, to coin a phrase, 'an insult to my intelligence', to be asked to believe that our distinguished predecessors never had 'high spirited parties' — or maybe they just weren't as well publicized? It would seem that decorum at all times was a byword, while today's students continually indulge in wild, depraved activities.

Maybe what was meant was that parties are fine, so long as nobody gets told about them. But surely it is the purpose of the *Gazette* to report on all Student Union activities and not just publish squash reports and book reviews?

Yours faithfully

CLAIRE JONES
First year medical student

Papers by Guy's People

Dear Sir,

Like others who have written on this subject, I deplore the arbitrary scrapping of this useful feature of the Gazette, which I have read with interest and profit for a number of years.

Has adequate consideration been given to the method of collecting the relevant references put forward by a member of the Wills' Library staff? Alternatively, perhaps authors might be prevailed upon to send in to you lists of their own publications.

For those who, like myself, have recently ceased to work at Guy's, it is particularly helpful to have such a succinct guide to the research activities on one's colleagues.

Yours faithfully

G A K MISSEN
c/o Histopathology Unit,
ICRF/Royal College of Surgeons,
35–43, Lincoln's Inn Fields,
London, WC2A 3PN

Have at Yew!

Dear Sir,

N S Yew's response to the appointment of an Anti-racism, Anti-sexism coordinator for SMEC (*Guy's Gazette*, January 1989) is both naive and dangerous. For someone so strong in their convictions, it is surprising that they resort to such a cheap pseudonym.

Jenny Keen is neither 'flag-waving' nor 'self-glorifying', but is honestly responding to concern among students and junior staff about racism and sexism at Guy's. Unfortunate it may have been for the press to have seized upon this story, but it was not on Jenny Keen's initiative, nor was she a willing participant.

Guy's is no more immune to racism or sexism than any other institution and it is time to deal with this issue seriously. The fact that black students and staff are not withering under insults or having nervous breakdowns is not evidence of a hospital free of racism, but a tribute to their own strength.

Dismissing or trivializing the issue does not make it go away. We urge people at Guy's to respond positively to this initiative, in the interests of staff, students and patients.

Yours faithfully

TRICIA BOHN,
ISABEL DE SALIS
Fourth year medical students

News in Brief

Design Award for Guy's innovators

A micro-spirometer designed by two Guy's scientists has won a 1989 Design Council Award. Chris Lawson and Philip Chowienczyk, from the department of clinical physics and bioengineering, wanted to develop a spirometer that could be used for home monitoring. They developed a pocket-sized instrument which gave a direct digital display of the forced vital capacity and the forced expired volume in one second. There followed development work to make the spirometer more reliable and cheaper to manufacture. They have now set up a company, Micro Medical, to market the product.

The Micro Spirometer, together with other award-winning designs, will be on display at the London Design Centre until 31 March.

Computer-Aided Learning on the Guy's campus

A recent innovation on the Guy's campus is the introduction of a computer-aided learning (CAL) network. This follows on from the pilot scheme set up on the St Thomas's campus, which has been in use for the past three years. It consists of a series of computers linked together by a common cable, enabling them to share one central hard disc (on which all information is stored) and a printer. This is managed from the Curator's office of the Gordon Museum. There is also a separate CAL unit located in the dental school.

There are at present four computers in the Museum and one in the Wills Library.

The system's software is menu-driven and simple to use, with an online help facility and a message service for those who require it.

The CAL programs at present available include material on paediatrics, community medicine, geriatrics, gynaecology, accident and emergency and pathology. For preclinical students there are programs on anatomy, physiology and pharmacology. Dentistry and physiotherapy are also covered. A wordprocessor, VIEW, is available on the system to users.

The system on the St Thomas campus was set up by Bernard Wilson who is now the UMDS Educational Computing Consultant. He is based at Medway and is available for advice and help in

preparing additional programs to be used on the network and introducing preprepared material onto the system. He can be contacted via the Curator's office in the Museum.

There are instruction booklets available at each station and a very comprehensive VIEW guide is obtainable from the Curator's office.

Jesus Christ Superstar

Guy's Theatre Club is staging a production of the musical Jesus Christ Superstar, by Andrew Lloyd Webber and Tim Rice, from March 14 to 17, at 7.30 pm in the Harris Lecture Theatre. Proceeds from the ticket sales will go to the Special Care Baby Unit.

Tickets will be available in the Tower foyer and in Boland House at lunchtimes, or can be obtained by contacting Beverly Bolt, Periodontology Department, Floor 21, Guy's Tower (Extn 2856). We hope we can count on your support.

Cath Ellis

Blues Committee

There will be a meeting of the Blues Committee on Tuesday 14 March at 5 pm in the Committee Room of Boland House, to consider nominations for the awards of Full and Half Blue for the winter sports. All nominations should be sent by the club captains to:

M J Gleeson, FRCS
Department of Surgery
Guy's Hospital

to arrive no later than Monday 13 March.

The Evelina Appeal Trans-Pyrenean Trek

Evelina is the children's department of Guy's. Over the years it has undertaken pioneering work on heart disorders. The department has recently established an appeal to raise money to maintain and re-open intensive care cots, and to supplement essential salaries and purchase new equipment.

The Trans-Pyrenean Trek is just one small part of this massive project. If you would like to help please do so by sponsoring one of us to walk the length of the Pyrenees from St Jean de Luz on the Atlantic coast to Port Bou on the Mediterranean, over the Easter period 1989. You may either contribute a lump sum or an amount per completed mile. The total distance of the planned route is

something in excess of 300 miles. We would like to reach the Mediterranean coast under our own steam, but cannot be sure at this stage that we will have sufficient stamina or time. In view of this there is an element of risk in your giving which you may liken to assessing the track form of a race horse. We hope that this will add a bit of interest.

If you would like any further information contact either Roy Ellen or Mike Potter at Crockshard Farmhouse, Wingham, Canterbury, Kent CT3 1NY (Tel 0227–720464).

Medics Against Loans

On 1 February there was a ULU-organized lobby of Parliament by medical students from all the London medical schools. This rare turnout was provoked by the government's plans to replace the present student grant with loans. The plan is to phase out the existing, inadequate level of support with a 'low'-interest loan scheme which students would begin to repay after they had surpassed a threshold income.

Few would stand against the principle of individuals taking greater responsibility for their own education. However, it is the contention of the student body that these plans will not achieve this, and are not in their, nor the nation's best interest. We were lucky in being able to make our case to MPs from all the main political parties.

In general we feel that loans would undermine the principle of an equal access to education for all individuals. Because of the high cost, people would be discouraged from entering further education. This would particularly discriminate against students from less financially secure backgrounds. On top of this, the cost to the nation of administering such a scheme will be considerable: Nick Barr of the LSE, an expert on higher education financing, has calculated that the scheme will cost £250 million a year. He says that it will in fact be 'cheaper to give the money away'.

There are arguments against loans specific to medical, dental and veterinary students. In the White Paper there seems to be no consideration of our longer course nor of the large debts which we would accumulate in that time. There is no consideration of our long clinical year (48 weeks), or the longer hours which we put into our course, factors which conspire to prevent us from working to partly finance them. Additionally it seems that no account has been taken of the cost of our equipment and materials, which not unreasonably can reach about £1,500 by the end of the course.

The special needs of London students have also been ignored. It remains true that the cost of living here is considerably higher than elsewhere in the country.

The MPs' response was a mixed one. It is regrettable that several on the government side showed such a lack of knowledge of our situation. The response from the opposition members was much more favourable. The Guy's delegation was able to meet many of them, and Simon Hughes, MP for Bermondsey and North Southwark (covering Guy's) has promised to lobby our case for us.

In conclusion it is perhaps worth noting that if the loans scheme does become law it will mean that a medical student starting a course in 1999, will by the end of it have amassed debts in excess of £20,000.

Aman Coonar

Guy's most famous transvestite

An interesting article in a recent issue of the *British Medical Journal* (*Br Med J* 1989; **298**: 299–305), has cast more light on the fascinating career of James Barry, a Guy's 'man' who, after training as a pupil dresser to Astley Cooper, went on to pursue a successful career as a military surgeon, finally becoming inspector general of hospitals to the British army. His most remarkable achievement during this time was to conceal successfully the fact that he was, in fact, a woman. Only after his death, when a domiciliary nurse was performing his last offices, was his secret discovered: he was a she.

Brian Hurwitz and Ruth Richardson detail a number of achievements of Barry's career. She is credited with the first successful caesarean section in South Africa, in 1826, and had an innovative and humane approach to the treatment of prisoners. She could be a very daunting figure — on one occasion she had a colonel removed from his command for drilling his soldiers in the midday sun. Florence Nightingale's outspoken criticism of army medicine brought the two into conflict. Barry gave Nightingale such a dressing-down that the latter observed that she was 'the most hardened creature I ever met'. Florence Nightingale had her revenge, however, when her campaigning on behalf of Sir Thomas Alexander for his appointment as director general of the army medical department, meant that Barry was sent to occupy the post in Canada previously filled by Alexander. The Canadian climate proved too much for Barry, who had spent her working life in the tropics, and she was invalided back to London with bronchitis.

While she was in Canada she was attended by an eminent physician, Dr G W Campbell. He had to endure great embarrassment after her death at having treated her for a chest complaint without suspecting her sex — a fact which greatly amused his students.

London Medical Group

On Thursday 9 February Guy's was the venue for a well-attended LMG symposium entitled 'Stillbirth: grieving for someone you never knew'. The chair was taken by Mr Michael Chapman, senior lecturer in obstetrics and gynaecology. The speakers were Mrs Chris Driver of the Stillbirth and Neonatal Death Society, Dr David Morris, consultant paediatrician, and the Revd Ian Ainswoth-Smith, chaplain to St George's Hospital.

They spoke of the pain, loss and confusion experienced by families who have suffered stillbirth. Mrs Driver gave a particularly moving account of the loss of her first child. Dr Morris diplomatically criticized sections of the medical profession who, he felt, had for too long neglected the special needs of such a bereaved family, and the Revd Ian Ainswoth-Smith spoke of the different ways of helping such unfortunate people cope with their loss.

The consensus view that emerged suggested that the correct ethical way to proceed was to acknowledge stillbirth as bereavement in the same way as any other type of serious loss, whilst at the same time making provision for its special differences. Here lies the point, for it has been argued that to grieve successfully a concept of the lost person must be formed. In short, following stillbirth, the family, and in particular the mother must be given every opportunity, and perhaps even encouraged, to see, hold and bond to the dead baby. This laudible approach seems to be reducing the incidence of pathological grieving following stillbirth.

Aman Coonar

Diwali at Guy's

Diwali, meaning 'Festival of Lights', is the Hindu festival commemorating the homecoming of the mythical Indian Prince, Rama, after fourteen years in exile, and welcoming in the New Year.

This year the third year students, particularly the dentists, not to be outdone by the preceding year decided to hold a cultural event incorporating both a show and a meal, followed by the all too inevitable hop.

Getting it together — well, almost (*Photo:* **Fuad Hussain**)

Having had no previous involvement except (rather foolishly) having agreed to help with the meal, I arrived without the benefit of a preview. Imagine my surprise on rushing into the gallery a few seconds before the show was due to start, only to be confronted by the most unattractive Asian 'girls' possible. A second glance reassured me that these unearthly creations were in fact in drag.

The lights dimmed and the presenters Rashmi Sharma and Manoj Sood welcomed us and introduced a quartet of elegantly dressed girls. The quartet mimed to a song from a religious film about the Lord Krishna and his flute. I was generously informed by another member of the cast that they had difficulty in synchronizing the dance in rehearsals, but to a first time observer the dance appeared to run quite smoothly.

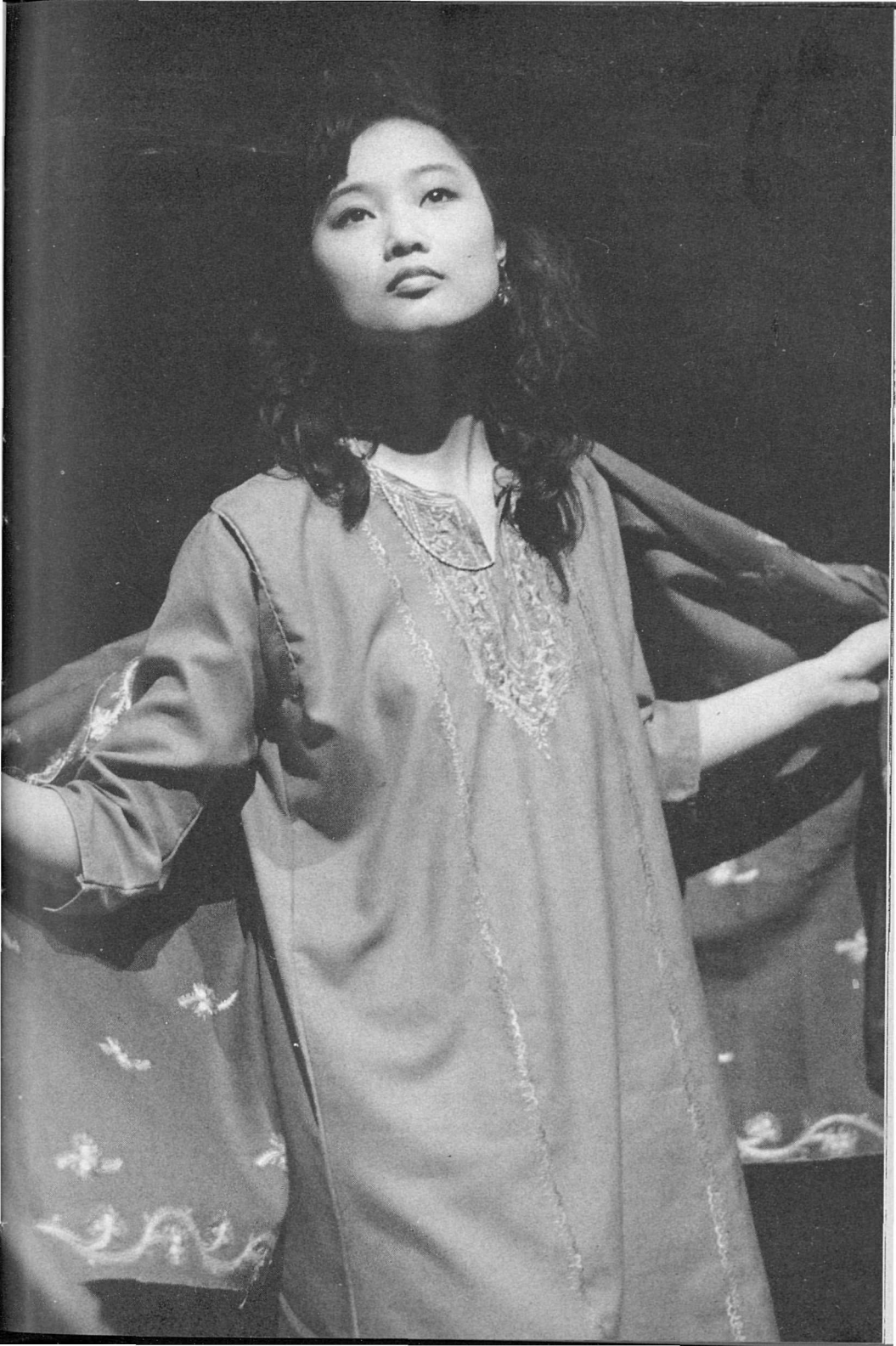
The second dance was a sexist affair with Sandip, a second year dentist, miming admirably to a film song *Meri Bibi Moti* — 'my wife is fat' (with the help of the aforementioned harpies). He enumerated the attributes of a wife whatever her particular flaw. The boys in drag generated much hilarity as they flaunted themselves on the stage in their sarees.

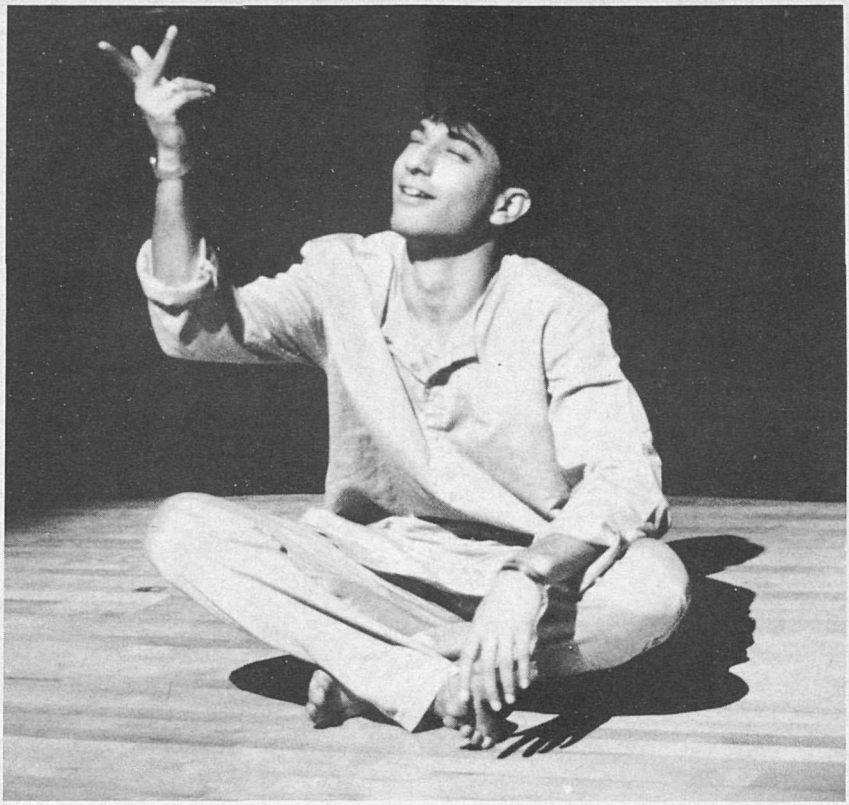
Above: **Mitzi and Shameek, modelling in style.** *Right:* **Cathy in an elegant pose in the fashion show.** (*Photos:* **Fuad Hussain**)

Five boys and a last-minute girl substitute (five of them wearing false moustaches to come into line with the young man, who for reasons of personal vanity, refused to shave his off) performed a combined Punjabi Bhangra and Gujarati Dandya Roas dance. For the uninitiated (including myself) the Bhangra is a dance associated with rural festivities, and the Dandya Roas involves the dancers tapping sticks. Particularly impressive was the sight of Mala Jatania balancing on the backs of the other dancers to form a pyramid.

The musical part of the show ended with an absorbing classical dance performed by, Wendy, a first year medic, who had obviously practised very hard.

The fashion show began with some traditional costumes from different areas of India such as the Saree in Gujerat, the shalwar kameez (baggy trousers and tunic) in the Punjab and the typical,





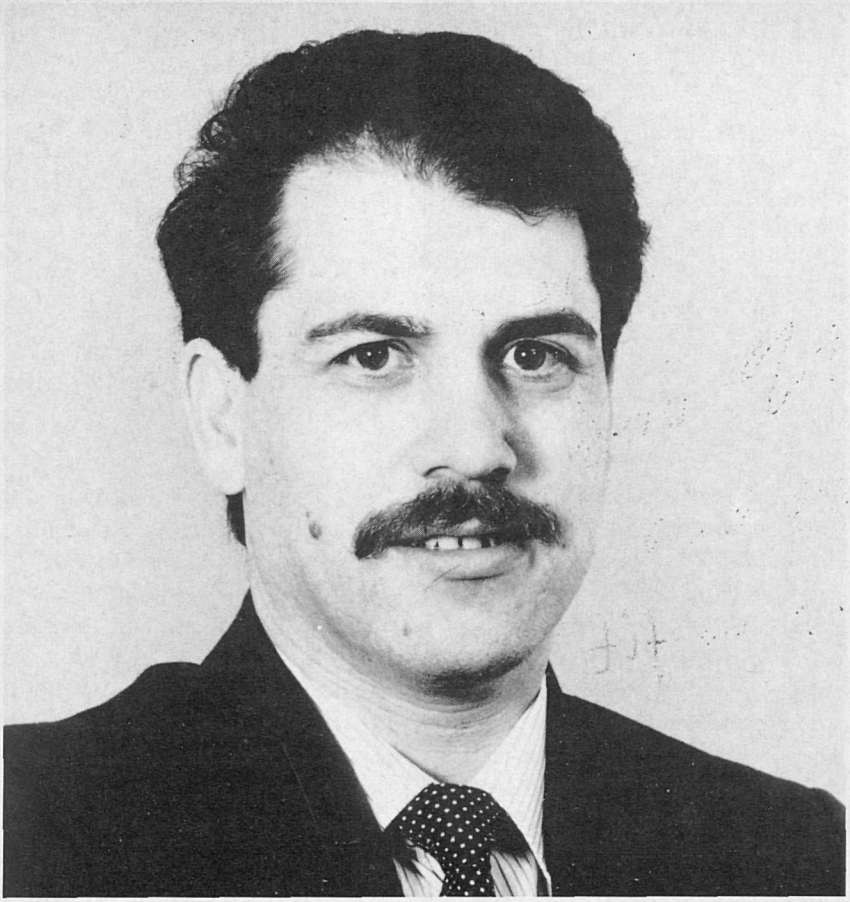
Singing the wife's praises (*Photo:* **Fuad Hussain**)

intricately embroidered dress of the Kashmiri people. There was also a bridal pair in traditional bridal costume. The blushing bride was wearing a red saree which was heavily embroidered with gold thread. The blushing groom was wearing a sherwami, a long jacket over a kurtha-pyjama.

There then followed a selection of outfits which, as the presenters reminded us, were from designers who produced more contemporary clothes, in which 'East met West'. The models were applauded for their sleek presentation and modelling of the costumes.

The finale was said to be splendid, but as I was sprinting across to Boland House with the other helpers to serve the dinner, I unfortunately missed it. There followed a good meal, some not-so-hot music (but then one must cater for the teenybopper fraternity) and a quick bop. A good time was had by all.

Aliya Qidwai



Guy's man gets chair

Dr Malcolm Levene, reader in child health at Leicester University, has been appointed to the chair of paediatrics and child health at the university of Leeds. Professor Levene received his early training at Guy's, gaining his MBBS in 1974, together with the Royal College of Surgeons' Handcock Prize for outstanding performance.

Professor Levene's major research interest is in the field of neonatal neurology. Over the past ten years he has been involved in developing methods to study the structure and function of the developing brain in neonates, mainly using ultrasound techniques, but also with neurophysiological methods such as EEG and SEP. He has pioneered a method of reliably measuring intracranial pressure in severely asphyxiated neonates which is now widely used throughout the world.

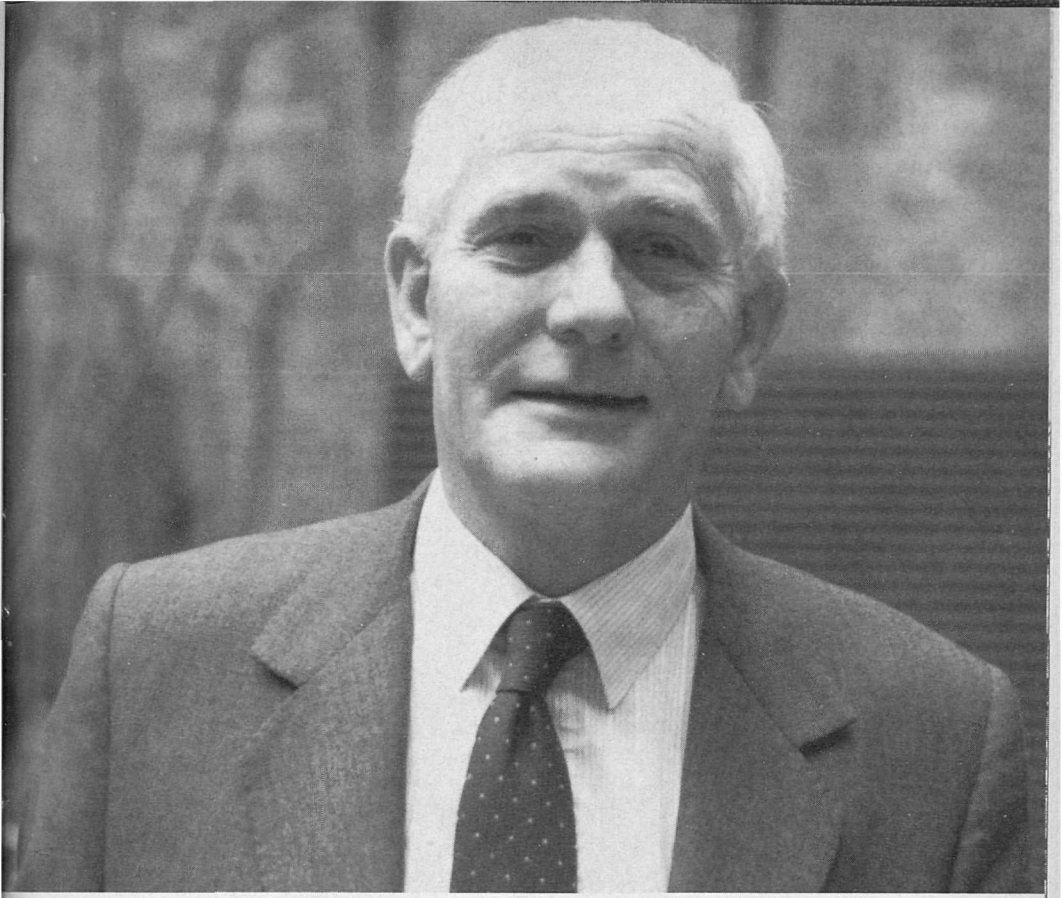
Dr G W Scott—an appreciation

When George Scott learned that his young godson had said to his mother, 'Mummy, is Dr Scott the oldest man in the world?', it seemed about the right time to retire. This he did a year ago, in carefully organized stages, partly to confuse his colleagues, but mainly because he couldn't bear to stop work. His unusual approach was to continue to attend the weekly chest meetings and the chest clinic (saying a prolonged farewell to his patients), while at the same time becoming a locum consultant at Lewisham Hospital and conducting a very busy private practice in Keats House. Now, a year later, he has finally retired from the staff of Guy's although he looks as busy as ever.

Dr Scott qualified at Guy's in 1949 and has spent most of the last forty years here without missing a day's work through sickness. Some years ago, outraged by a colleague who took six weeks off to recover from an operation, George arranged to have his, similar, operation performed under local anaesthetic at Christmas, returning to work as usual after Boxing Day although obviously in some discomfort when he laughed. On another occasion, having had his maxilla fractured by a cricket ball, he conducted his clinic with a very bruised face, going in the evening to have the bone elevated, so that he could return to work the next morning.

Most of these years have been at Guy's although, while in training, he spent time as a senior registrar in Bromley and Farnborough Hospitals, and a year at the Johns Hopkins Hospital, Baltimore. He became, and remained for a long time, clinical assistant at the Brompton Hospital and for many years worked with Sir Rowan Boland in the chest clinic at Guy's, laying the foundation for his special interest in diseases of the chest. At the Brompton he worked with Dr W E Lloyd whose lilting Welsh tones (and anyone else's) he will lovingly imitate given the slightest encouragement.

After some years as clinical tutor George Scott was appointed to the consultant staff in 1962 as a general physician and physician in charge of the chest clinic. He was also physician to the student health service and, (until it was closed as an acute hospital) a consultant at St Nicholas Hospital, Plumstead. His years on the staff have been characterized by untiring energy applied to an absolutely assiduous care of his patients in the wards and outpatient clinics; genuine and continued interest in his students, house physicians and registrars (with many of whom he has kept in close touch); his



teaching and emergency duties; and a more than full share of administrative work. The serious stuff has always been dealt with seriously, but all his many activities have somehow been an unending source of fun and good humour. He came to Guy's after the war having served as a pilot in the Fleet Air Arm, and he has retained something of the Biggles image over the years. As he strode through the Park clad in a sheepskin jacket, bearing a bulging battered briefcase, and waving a huge coloured umbrella he would be heard to say 'Come on, boys.' to his firm straggling behind—regardless of their gender. In recent years the red sports car has been replaced by a mini and he now wears a dark overcoat, Rupert Bear scarf and a series of unusual hats.

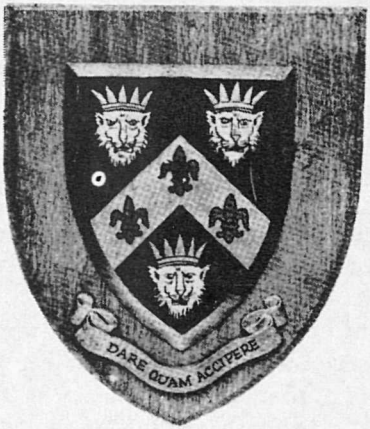
His greatest interest and his biggest contribution to Guy's has always been clinical medicine and teaching. His huge practice and

immense experience have made him one of the best opinions in London. He has uncanny diagnostic skills—particularly in diseases of the chest—and it is fascinating to watch him teasing experienced radiologists over the interpretation of chest x-rays. Happily, all this will go on as he continues to attend the chest meetings and works harder than ever in Keats House. It looks also as though he will continue to captain the Silhouettes at cricket and find a little more time to watch his horse (and others) at the races.

We wish him well in his supercharged retirement.

RKK

Guy's Hospital Gazette



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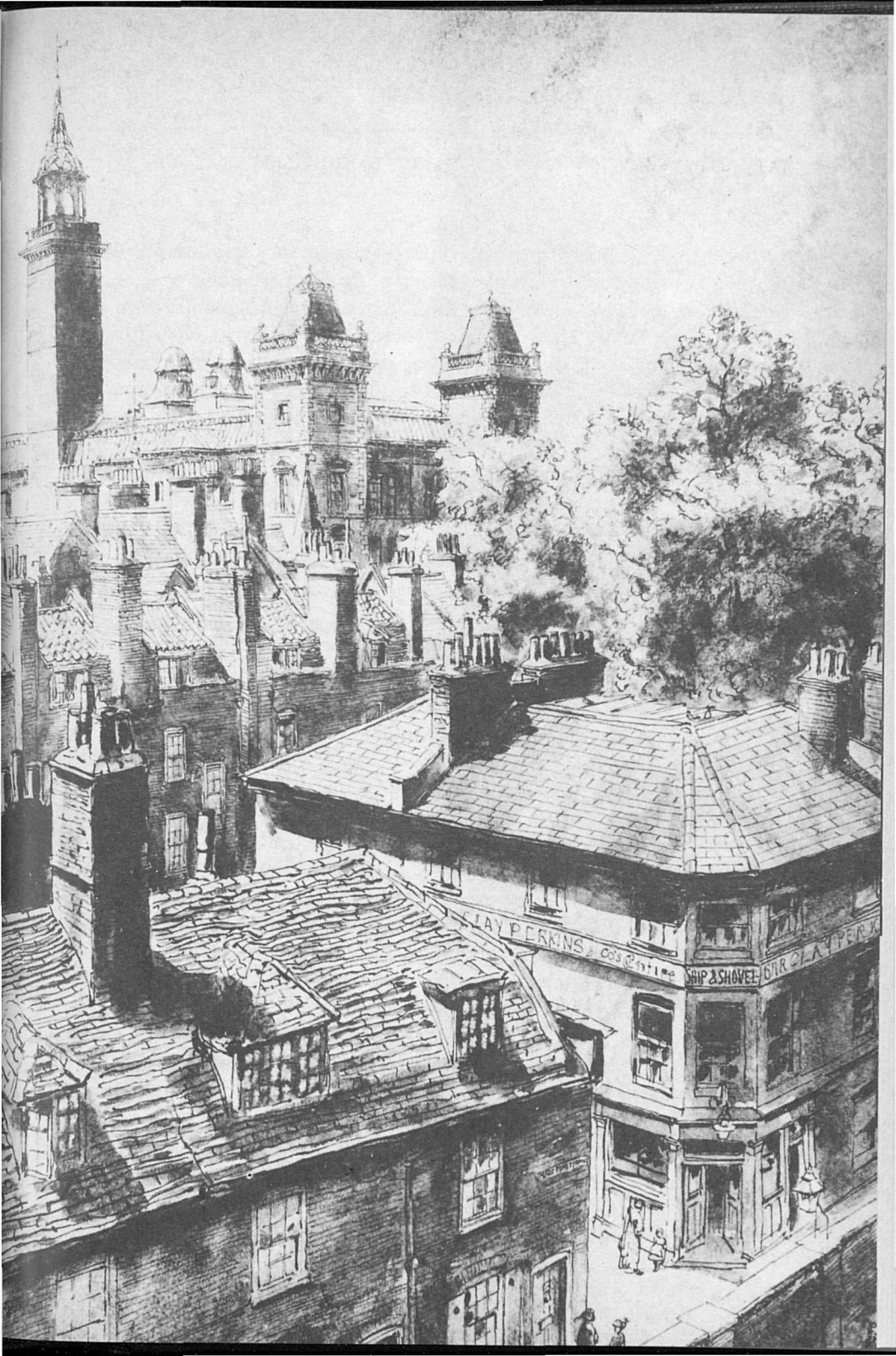
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SHIP & SHOVEL

Dem bones, dem bones . . .

An interview with Dr Ignac Fogelman

by Mark Slade

Osteoporosis is a very important disease. An estimated 35,000 women in England and Wales suffer a hip fracture each year, most commonly as a result of a loss of bone mineral mass following the menopause. Once it is advanced there is no effective cure for the disease, which is certain to increase dramatically in importance as the population ages. There is, accordingly, much current interest in preventive approaches to osteoporosis using hormone replacement therapy.

One Guy's consultant who has been in the news recently is Dr Ignac Fogelman of the Department of Nuclear Medicine. Dr Fogelman's special interest is in osteoporosis. He has been instrumental in the foundation of the Osteoporosis Screening and Research Unit at Guy's, in the basement of the tower, using the latest in dual energy X-ray absorptiometry equipment to identify women who show significant loss of bone mineral density in either the hip or spine. The centre was opened in September 1988 by Princess Margaret.

Dr Fogelman is quick to draw attention to the importance of osteoporosis. 'A recent Royal College of Physicians report has shown that it's a massive problem. Of patients who suffer a hip fracture, something like 20–25% will die as a result. They have reduced mobility, a reduced ability to cope, and they run the risk of thrombosis and embolism post-operatively. ' He would like to see more work done on the possibility of screening menopausal women for those at risk of osteoporosis, using bone mineral measurements, so that women showing significant loss of bone mineral mass can be offered hormone replacement therapy. Unlike the hormone therapy taken by many women to alleviate menopausal symptoms, such as hot flushes, an effective regime to prevent loss of bone involves taking oestrogen for 10–15 years. Does this not mean that cost and compliance will be considerable problems? The cost of the treatment should not, Dr Fogelman believes, be a problem when set against the economic consequences of the disease, with the demand it makes upon hosptial and community resources. As for compliance, Dr Fogelman takes the view that preventive health care is all about education, not compulsion.

Photo: **Ron Simon**

'Look at me,' he says. 'I take no exercise and I'm addicted to chocolate. I don't object to people smoking. What I'm against is ignorance—people should be educated to be aware of the risks that they face.'

Screening is undertaken at Guy's by measuring bone density at two different sites, in the spine and the hip. Whereas previous measurements, using an isotope source of radiation, required up to 40 minutes, a screen using the new X-ray absorptiometry can be completed in five minutes at each site. Where a low result is

discovered, the patient can be offered appropriate advice about hormone replacement therapy.

Dr Fogelman's interest in metabolic bone disease began in Glasgow, where he trained as a student, and where Dr Iain Boyle was a leading figure in the university department of medicine at the Royal Infirmary (GRI). After two years as a junior doctor at Paisley, he returned to the GRI in 1976 to work for Dr Boyle, using nuclear-medicine techniques in his research. Seven years later a consultant post in nuclear medicine was advertised at Guy's, and after meeting with Professor Maisey he was impressed with the potential flexibility of the job. On arrival at Guy's there followed a period of intense work learning some aspects of nuclear medicine practice which were less familiar to him, for example paediatric nuclear cardiology, so that he now has a well-rounded experience in the field. Indeed, when I suggested to him that he was really a specialist in general medicine with an interest in nuclear medicine as a diagnostic tool, he was almost indignant.

'Oh, no. I'm a consultant in nuclear medicine. I provide a service here. I have a particular interest in metablic bone disease, but I have had to try to continue that while providing an all-round nuclear medicine facility.'

In addition to his interest in osteoporosis, Dr Fogelman also collaborates with a number of other consultants at Guy's: with Professor Rubens and Mr Fentiman of the breast unit, with Dr Terry Gibson in rheumatology, and with O&G consultant Mr Mike Chapman. 'I'm always interested in working with the gynaecologists because they have a good supply of healthy young women'. He was quick to qualify this statement by explaining his interest in being able to follow such a population over a long period, to assess any long-term changes in their skeletal mass.

What are Dr Fogelman's thoughts on the future of nuclear medicine? He sees its use in screening programmes for osteoporosis as being an important possibility to pursue, particularly since technological advances are enabling screening of individual patients to be undertaken much more rapidly. Another exciting development

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is SPECT—tomographic imaging using radioisotopes. Although this does not offer comparable resolution to CT scanning, it has the great advantage that it is providing functional, and not purely structural information. He feels that nuclear medicine remains very underappreciated in this country by comparison with the USA.

'To give you an example', he says, 'the thallium scan is the "gold standard" investigation for myocaridal ischaemia. It would be performed routinely in suspected cases in the States, but in this country it is seldom used.'

Health psychology — an exploding field!

An interview with John Weinman

by Aman Coonar

Dr John Weinman is reader in psychology as applied to medicine based at the Guy's campus of UMDS, well-known to students of many successive years who witnessed his enthusiastic delivery of his subject. I asked him how the course has developed.

'I came to Guy's in the mid 1970s to enter a new post, designed to bring psychology into the curriculum for medical students. The creation of this post was the result of a Royal Commission report pointing out a number of deficiencies in medical education, Guy's took these comments seriously and established this unit.'

'Initially I planned to teach psychology very much as a basic science. It was to form part of the knowledge base and conceptual framework for, psychiatry, neurology, and neurosurgery. Since then, however, there has been an explosive development in the field of health psychology which, I should clarify, is the study of human behaviour in the context of health and disease. This now forms an important part of the course.'

Many students and clinicians find it difficult to see the role of psychology in their day to day practice. Is there much collaboration between his department and those in the hospital?

'Yes, a great deal. Our work integrates in that we can offer a degree of expertise in understanding, measuring, and analysing human behaviour. The clinical departments of course offer expertise in different health settings.'

'Currently, there is work going on in several areas. For example, the paediatricians are interested in the way in which children cope with disease and how that affects treatment outcome. The department of surgery is interested in the psychological state of patients who present, and we have worked together on a study of patients presenting with abdominal pain. With the anaesthetic department we have run a number of joint studies measuring cognitive recovery following treatment. We have also been investigating the psychological aspects of prenatal screening and diagnosis with the paediatric cardiology department. We've even penetrated the Dental School and are looking at factors such as dental health behaviour, anxiety in patients, and attitudes towards dentists.'

I suggested that this seemed to be a great deal of research to have running simultaneously.

'Yes, that is true, but fortunately it is because of the fact that health professionals are recognizing, more than ever before, that psychological factors probably do play a big role in the aetiology, pathogenesis and prevention of disease, as well as, quite crucially, in determining the very variable responses of treatment.'

I was interested to know whether, for a subject which seems to be increasingly relevant to medical practice, Dr Weinman felt that its teaching was in a satisfactory state.

'Yes, and no. First, it is good that it is being taught. It legitimizes human behaviour both as a factor affecting health and disease, and an appropriate topic for study. On the other hand, and rather unfortunately, the course is limited by a lack of time and resources. I feel that students would be able to derive greater benefit from teaching based more on seminar and project work. Although they might not acquire much more knowledge, it is probably true that they would better come to terms with some of the key concepts, and perhaps develop a more critical, and enquiring, attitude in their work. Perhaps this is true for the other preclinical subjects as well.'

And what about after the preclinical years, how could the course be built on then?

'Of course, as a base for the ''Brain Sciences'', but also as part of the newly expanded communications course. In this we hope that students will take the opportunity to visit a broad range of clinical situations, and then to discuss them more fully in a seminar format'.

Dr Weinman never expected to study and teach health psychology. After school, where he was a self-proclaimed frustrated scientist (his school couldn't teach them), and a year off when he dis-

covered the tedium of the law courts, he chose not to read law at Cambridge, but rather to study psychology at Reading University.

There, his long standing fascination with perception was nurtured by his association with Prof Magdalene Vernon, a major figure of the British psychology and information processing scene. His undergraduate dissertation, on visual perception among the deaf (Dr Weinman has two brothers — both congenitally deaf), was followed by training in clinical psychology at the Royal Free Hospital. This in turn was followed by a doctoral degree from the Institute of Neurology in London, and then, in 1974, by his arrival at Guy's.

So what does the future hold for health psychology at Guy's?

'The unit is particularly involved in studying the development of health psychology in the UK, Europe, and in N America. That will continue, and hopefully grow. Consistent with that is the initiation of a new MSc in health psychology, which the University of London is basing at UMDS and two other medical schools. The aim of this is to provide recent psychology graduates with a professional training in the discipline.' In fact, there is no reason why an interested medical or dental graduate could not take up the course, which could be appropriately modified.

'Of course we also plan to continue, and to expand, the multidisciplinary research we are currently running. The next projects to start will focus on stress and, in particular, stress management among junior doctors. Looking further ahead we plan to use psychoimmunological and psychobiochemical techniques to investigate more deeply the association between behaviour and biology. These steps will be exciting ones.

'It's also worth remembering — that at this time — there are a great many diseases which can be best — or perhaps only — prevented by appropriate behaviour change. Consider, for example, smoking in the genesis of lung cancer or ischaemic heart disease, and of course, these days there is also AIDS. Until now psychologists have not been particularly involved in preventative programmes, and this is an exciting challenge in which we should be able to make an important contribution.'

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Safety First — learning health care in the nuclear age

by Helen Crimlisk, House Physician

This one day conference, held in November was a powerful reminder of the importance to all health care workers of the threat to mankind from the arms race. The conference, although well organized and advertised by the St Mary's student group of the Medical Campaign against Nuclear Weapons, had a disappointing overall attendance. However, it was encouraging to see a good proportion of students present, some of whom had travelled quite a distance to be there. (Travelling costs were partially reimbursed by MCANW). I was particularly pleased to see several student's from Guy's present. Perhaps they will feel inspired to set up a UMDS MCANW Group.

The morning began with a brief history and appraisal on the current state of the arms race by Dr Paul Rogers, senior lecturer in peace studies at Bradford University. His talk provided a clear account of the types of weapons and the treaties which have placed restrictions on the use of some of these weapons, for example the Partial Test Ban Treaty of 1963, SALT I and SALT II. He also explained the details of the INF treaty, saying that although, in his view, it was a good first step, it would affect just 4% of the world's arsenal, and would only get rid of the delivery systems, leaving the warheads themselves to be utilized elsewhere.

Joan Ruddock, Labour MP for Lewisham/Deptford, has an interest in the global consequences of nuclear weapons, having been chair of CND and a founder member of One World, an organization which campaigns for action on the problems confronted by poverty, oppression and war. With a speech very much in line with MCANW's '*Even Before the Bomb Drops*', she emphasized the hypocrisy of the West in exporting weapons to the third world while maintaining aid for the problems of poverty, malnutrition and preventable disease at a pitiful level.

David Summerhayes, disarmament advisor to the Foreign Office, explained how civil servants were trying to discover ways of disarming. He had to concede, however, that their achievements to date had been limited. He was at a loss to explain the recent govern-

ment commitment to Trident, which represents an enormous increase in Britain's nuclear force.

James Thompson gave a fascinating talk on nuclear weapons from the psychological perspective. He is senior lecturer in psychology and honorary clinical psychologist at University College and Middlesex School of Medicine. He discussed the similarities in the propaganda used by both East and West to stereotype the enemy, and the ways in which language can be biased in order to imply value judgements. He demonstrated how we could minimize the differences between East and West by seeking for the similarities between us. We are all human beings with identical nervous systems, we live in similar family units and have a comparable social systems. Culturally, East and West are becoming closer as communication improves between countries, and these similarities give scope to build up the bridges between us, making the task of reconciliation look far less daunting.

The morning session was concluded with a showing of Helen Caldicott's impressive, though dated, film, *If you love this planet.* Then Sally Godward showed us the brass bead demonstration. Using a brass bead to represent each nuclear weapon she first dropped one bead into a bucket to represent Hiroshima, then one for Nagasaki, and then for the next minute, dropped all the beads, representing all the nuclear weapons in existence today. I'm not sure how many of them there were, but everyone was stunned by the sound of hundreds of beads rattling in a seemingly endless stream into the container below — a sobering moment for all.

The afternoon session was opened by Sir John Stallworthy, past president of the Royal Society of Medicine and of the BMA, who explained the setting up of the working party which eventually produced the BMA report *The Medical Effects of Nuclear War.* Paul Wallace, senior lecturer in general practice at St Mary's then gave an account, based on the BMA's report, of the medical effects of nuclear war, including the blast effects, the thermal effect, the short term effect of radiation and the sinister long term environmental effects on our planet.

The afternoon continued with a lively and amusing talk by Dee Barley, RGN RCN, senior officer for North East Thames, entitled 'The Health Service's *Inability* to cope with a Nuclear Attack'. She described the wholly unrealistic expectations set out in the Home Defence Circular 77/1, which attempts to plan the distribution of health services in wartime. This document appears not to take account of the problems of inadequate equipment, contaminated

water supplies, unreliable sources of power, the lack of drugs and iv fluids, physical damage to buildings and the rapid spread of infectious diseases, nor of the vastly increased psychological stress which everyone will face.

She ended her talk by exploring the vast amount of time, money and energy spent on 'planning' for such a devastating event, and pleaded with the people present to spend their time, and use their influence to educate people — the public, students and health-care professionals — that the best and only method of planning for nuclear war is to prevent it from happening.

All conferences like this have a tendency to leave people feeling depressed, hopeless and helpless. It was fitting therefore that the afternoon was concluded by Sally Godward — a fourth-year medical student at St Mary's — who managed to enthuse us about what could be done constructively towards putting an end to the arms race. Joining MCANW, talking to friends about your beliefs, setting up a local group, organizing a fund-raising event, or putting on an exhibition of *Even Before the Bomb Drops* are all ways in which we can help to share our thoughts about this important issue. St Mary's has made an impressive gesture in organizing this conference for students and teachers — it's up to us next.

Memories of Sir Arthur Hurst

A talk given by Dr A T M Roberts to the Sir Arthur Hurst Dining Club on 4 November 1988

It was in the summer of 1935 that I had the good fortune to be appointed to Sir Arthur Hurst's firm at Guy's as medical ward clerk. He was 56 at the time and at the height of his clinical powers. He was held in great admiration and affection — and considerable awe — by everyone at Guy's, and particularly by ward clerks! He was a short, stooped man, quite severely deaf and a chronic asthmatic — but he had a wonderful personality, a delightful smile, and a great sense of fun.

Far from being a barrier his deafness actually brought him closer to his patients, because he always sat on their beds two or three feet away and gazed straight into their eyes while talking to them. In those days diagnosis depended almost entirely on accurate

and detailed history taking and clinical examination, and Hurst had an uncanny ability to extract the essentials of a patient's history and to assess their personality. Although his interests were mainly gastrointestinal he was in fact interested in everything — abdominal, neurological and psychological; it was only his progressive deafness that had forced him in earlier years to give up tackling cardiac and pulmonary problems.

Those first three months on the wards went very quickly, but they were a wonderful introduction to medicine. Hurst taught us the value and importance of establishing a relationship with each patient by talking and listening to them, and by showing interest in every aspect of their problems.

My next three months at Guy's were as surgical ward clerk to Joey Hughes — whose registrar was none other than Russell Brock (later Lord Brock) — both of them wonderful teachers. That was all in 1935.

In 1937 I did my month on the district and delivered 12 Borough babies. My most vivid memory of that time is of leaving a house in Tooley Street, after a delivery at about three in the morning, and seeing an enormous red glow in the sky a few miles away to the South. I was tired and went back to bed; it was only in the morning that I learned that the Crystal Palace had been burned to the ground.

I qualified in 1938 and my first appointment was as so-called 'Clincal' to Sir Arthur — an appointment which was like assistant house physician but which you could start before qualification. This brought me into close contact with Sir Arthur, because I was partly responsible for his well-known combined rounds which were held every Tuesday afternoon in the central hall of Mary Ward. These rounds attracted a wide range of physicians and some surgeons from Guy's itself and from other hospitals. John Ryle, who wrote *The Natural History of Disease*, and Sir Charles Symonds, the neurologist, were frequent visitors. I also remember Leslie Witts coming several times. Another frequent visitor was Sir Adolph Abrahams, brother of Harold Abrahams who won the Olympic 100 yards in 1924. Sir Adolph was always immaculately dressed but took very little part in the discussions. I remember old Parkes Weber coming on one occasion to show Sir Arthur one of those problems of extreme rarity in which he specialized.

Hurst was in his element at these meetings and of course in total command, sitting in the middle of the front row with his hearing aid on his knees. His deafness was very selective: if he was

bored he would just switch off his hearing aid and rummage with his papers. If *very* bored, or in violent disagreement, he would even spill his papers on the floor to create a diversion. His asthma was sometimes very troublesome and quite frequently he would quietly leave the meeting and return about 5 minutes later — having given himself a subcutaneous injection of adrenaline in Sister's room. What we called the Hurst method of treating a severe asthmatic attack was 1 minim of adrenaline 1 in 1,000 subcutaneously every minute until the attack was controlled. Hurst reckoned that 15 minims was the maximum safe dose, but he never gave himself more than 2 or at the very most 3 minims. He was a man of very great courage and determination; sometimes he would need an injection before and after a round as well as in the middle. As Leslie Witts said in his memorial address, 'He was spurred to greatness by his infirmity'.

Hurst was a very surgically-minded physician and he delighted in invading a surgical theatre when one of his patients was being operated on. He scorned the usual sterile procedures, but he would put a theatre cap loosely on his head and hold a mask over his mouth. When he was really involved and excited he would point with his ungloved hand within a inch or two of the surgical field — but the surgeons never complained.

My next job at Guy's was children's house physician with Charles Cameron and Richard Ellis. I greatly enjoyed the job and it was here that I met the young staff nurse who was to become my wife. I thought that would be the last of my house jobs at Guy's and I was therefore delighted and amazed when Sir Arthur invited me to be one of his resident medical officers at New Lodge Clinic. Ted French was my predecessor at New Lodge and he had just been appointed medical registrar to Sir Arthur at Guy's. The other resident was R S Dick — Charles Dick — who was a magnificent centre-three-quarter for Guy's and Scotland — and I joined him in March 1939.

New Lodge itself was a delightful Victorian house on the very edge of Windsor Forest, built in 1860 by the Belgian Ambassador who had married the daughter of a rich American. After the First World War Hurst had found himself so busy with his private work that he decided to open his own clinic where he could investigate and treat his patients to his own satisfaction. New Lodge opened in 1920 with an excellent clinician John Venables as assistant physician. The radiologist was P J Briggs with whom Hurst had worked for several years and together they were like a couple of beavers investigating the physiology and pathology of the alimentary tract. Like his dis-

regard for sterility in the theatre Hurst scorned radiological hazards and his hands must have received an enormous overdosage of x-rays over the years. At that time he and Briggs were particularly interested in the lower end of the oesophagus and in the behaviour of what was thought to be a cardiac sphincter. He had described achalasia of the cardia many years before and was now investigating oesophageal reflux. I can remember his excitement at watching barium flow from the stomach into the oesophagus and indeed into the mouth when the patient was tipped head downwards during a barium meal.

He was interested in everything and anything, and had an amazing collection of patients of all ages from many parts of the world. I can remember particularly a young girl of 5 years who had come from South Africa with an enormous megacolon and a Hungarian Jewish teenager with very severe anorexia nervosa. There were several patients with ulcerative colitis and others with what I am sure would now be called the irritable bowel syndrome.'

Sir Arthur himself lived in a lovely house on the edge of Ascot Heath with his delightful wife and their 3 children. Lady Hurst was a New Zealander called Cushla Riddiford — but known to everyone as Cooie. Hurst had married her in 1912 when he was 33 and she was only 18 — further evidence of his excellent judgement! He was a great one for family parties and on one occasion he dressed up as a tramp and was refused entry to his own home by his own butler.

I think you all know the story of his spotting a sword-swallower on Ascot Heath and persuading him to come up to Guy's for x-ray examination. Hurst was convinced that the end of the sword went not only well into the stomach but through the pylorus into the duodenum.

The weather in that summer of 1939 was superb and Charles Dick and I, who were both courting, had a delightful time at New Lodge. One vivid memory I have is of the nightingales in the forest just across the road. Sometimes at night we could walk quietly a short way into the forest and stand within 10 feet or so of a nightingale singing its heart out.

And then suddenly it all came to an abrupt end when war was declared on Sunday September the Third. Hurst called us all together on the Monday and told us that private medicine could not continue in wartime and that New Lodge would close immediately. Charles went off the next day to the Army and I followed three weeks later when the last patient had been discharged.

Sir Arthur very kindly gave me autographed copies of four of his books including *Medical Diseases of the War* written in 1916. In that book he had written, 'To ATMR from AFH — in the hope that experiences gained in the Great War may be of some help in Hitler's War'?

When I said goodbye to him he said, 'Come back and see me when it's all over and I'll see what I can do for you', but very sadly I was never able to do so, for he died in August 1944 with his adrenaline syringe in his hand.

Obituaries

Charles Frederick Bulow

The sudden death of Charles, or 'Ted' as he was popularly known, will have come as a shock to his many friends and relatives. Born in 1914, he went to Epsom College as a boarder, and entered Guy's in October 1933. A genial extrovert, apart from his academic and clinical competence, he was a superb engineer, and many of us in the thirties have reason to be grateful for the way he kept our ailing second-hand bangers off the scrap-heap! A severe knee injury prevented him from joining the Forces during the war, but this ability with his hands made him an excellent prosthetist, and he built up a fine practice in Sutton & Cheam. He was also visiting dental surgeon to St Anthony's Hospital. After the untimely death of his first wife, Charles married Ann Bonnewell, and very soon together their house became a centre for Guy's reunions, and the hospitality extended quite legendary. A wise and gentle father, always ready to help others, and an anonymous donor to many charities, he will be sorely missed. To his widow Ann, his brother John — a Guy's anaesthetist — and two daughters we extend our deepest sympathies.

Tom Debenham
Bernard Probert

Book Reviews

An Introduction to Clinical Imaging. D Lloyd Dixon and Leslie M Dugdale. 324 pages. £14.95. Soft cover. Churchill Livingstone.

Two of the hardest problems facing any new clinical medical student, at least in terms of investigations, are how to make head or tail of electrocardiograms, and how to make head or tail of X-rays. This book provides the perfect solution to the latter problem.

Beginning with the respiratory and cardiovascular systems, the authors offer a systematic guide to the radiographic appearances of the more-commonly encountered diseases. For each organ system, there is a description of the various methods of investigation available, followed by a half-tone illustration of the normal radiographic appearance, before the pathology is illustrated. Where it is helpful to do so, plain chest films, CT scans and explanatory line drawings, all of the same lesion, are provided — a very helpful feature because it helps the beginner to relate the appearance of, for example, the chest film to the underlying anatomy and pathology. The inclusion of a generous number of CT scans is of value not only because they will presumably become increasingly used in future, but also because they are relatively incomprehensible when one first encounters them.

The book suffers in places because the authors do not assume a consistent level of prior knowledge on the part of the reader. For example, they provide a series of helpful and simple line drawings interpreting the X-ray appearances of collapse of each of the lung lobes, but leave the reader to cope with ultrasound scans of the liver without much help.

The quality of reproduction of the radiographs is high, and the book has been printed on good-quality art paper, so that it is almost always possible to make out clearly the lesion being illustrated. It is strongly recommended to all those students with a sufficiently robust bank balance, and the stamina to carry it around.

A New Short Textbook of Medicine. Edited by P John Rees and John R Trounce. 544 pages. £14.95. Soft cover. Edward Arnold.

Which textbook should clinical students buy for medicine? The wealthy might consider the 'Oxford solution' — a combination of the *Oxford Textbook of Medicine* and the *Oxford Handbook of Clinical Medicine*. This approach covers everything you could reasonably (one hopes!) be expected to know, while still leaving you something you can carry in a white coat for instant reference, but it leaves no change whatsoever from two fifty pound notes, and is unlikely to commend itself to many. An alternative is *Lecture Notes on Clinical Medicine*, which gives you most of the salient points, and five pence change from one of the brown drinking vouchers with Florence Nightingale on the back.

Splitting the difference between *Lecture Notes* and the *Oxford Textbook* are two further texts, one from Bart's (*Clinical Medicine*, Kumar and Clark), and one from our alma mater, which is the subject of this review. *A New Short Textbook of Medicine*, under its new editors, is in fact the 9th edition of the *Short Textbook of Medicine*, by Houston, Joiner and Trounce, which was first published in 1962, and which

will be well-known to several generations of Guy's students. The new edition offers an enlarged, more attractive double-column layout, six new authors for individual chapters, including Doctors Sladen and Rees from Guy's, and two new chapters deal with medicine in old age and nutrition.

All the chapters have been comprehensively updated for the relaunched book.

The chapters on cardiology, rheumatology, endocrinology and metabolic disorders are well illustrated, but the book suffers elsewhere from a relative paucity of visual material. For example, the student of renal medicine might have benefited from some more helpful diagrams — to aid understanding of the umpteen different glomerulonephritides. On the other hand, to the extent that economy of illustration has helped to contain the price of the book to below fifteen pounds, it will doubtless be welcomed by readers.

The authors and editors of the *New Short Textbook of Medicine* have not been uniformly well served by their publisher. In particular, there are rather more literal errors in the text than there should have been. My favourite is in the chapter on neurology, where we learn that, in subacute combined degeneration of the cord, the 'knee and ankle joints are absent'.

Minor quibbles about illustrations and typos aside, however, the *New Short Textbook* is very good value for money by comparison with its competitors, and offers the considerable advantage of having been written by the same people who are likely to be teaching on the wards and examining in finals.

Dental Notes

Centenary Celebrations 1889–1989

The centenary programme draws on apace. Red letter days to mark in your diary are Thursday, Friday and Saturday. They are the 11, 12 and 13 May. Here again are just a few highlights from the planned events.

Thursday afternoon there will be the awards ceremony in Southwark Cathedral with Lord Butterfield as the guest of honour. Friday morning the Princess Royal will visit the Dental Hospital and School. In the afternoon there will be a programme of lectures. Saturday will follow the usual pattern for Clinical Day with the Dental Society Dinner in the evening at the Park Lane Hotel. More detailed information was given in the February issue of the *Gazette*.

Professor Rowe persuaded to extend

A recommendation from the heads of departments in the dental school that Jack Rowe's term of office as dean of dental studies be extended until retirement at the end of September 1991 was unanimously approved by the dental academic committee.

Working for Patients

The white paper, *Caring for the 1990s*, when the dental course will stretch to five years, offers an opportunity for all dental hospitals in the UK to be looked at afresh. Hopefully, the days are numbered when dentists have to jump up and down at the back of the queue for resources to train undergraduates. The review promises new funding arrangements through an improved 'service increment for teaching' (SIFT). An inter-departmental steering group on undergraduate medical and dental education to examine the special problems of providing for medical education is being set up. Professors Tim Clark from Guy's and Roy Storer from Newcastle have been appointed so far.

Postgraduation

A statement from the General Dental Council includes a reference to the need for dentists, following qualification, to maintain and extend their professional skills throughout their practising lives.

The current national voluntary vocational training scheme is a forerunner to the introduction of mandatory arrangements. These will ensure that no dentist will be able to enter the general dental service as a principal without having undergone a structured period of such vocational training.

In order to retain the requisite knowledge and skill for the efficient practice of dentistry, the practitioner must be aware of the continuing changes in oral and dental diseases. There must be a flexibility of approach and a determination to learn new procedures and techniques. Similar advice could equally apply to our support staff. Dental technicians, hygienists and nurses must also keep updated.

Guy's is well placed to provide both higher professional training and the further education of auxiliary staff. It would be shameful to abrogate this responsibility for want of adequate funding.

In this context of looking ahead, it is opportune to draw attention to the disquiet widespread among junior dental staff in training posts, who find advice about their future careers almost non-existent in the light of vacillating predictions related to the document *Achieving a Balance*.

New staff initiative for dental nurses

Teaching in the Guy's school for dental surgery assistants has gained a considerable boost in interest since a selected phalanx of

clinicians have taken a special role in the curriculum. This band of honorary tutors meet regularly to discuss organization and progress in the one year course with the principal, Diana Wincott and her other tutors, Sue Duggan and Alison Bond.

Priority on the agenda is currently given to finding ways and means of improving recruitment. Even the agencies cannot provide temporary staff. No simple solution appears imminent. The outlook is bleak as far as support staff for the dentist goes. At least this is certainly true for the southeast.

Congratulations

To Sir Christopher France, Undersecretary at the Department of Health, whose accolade followed hot upon the heels of his successful visit to Guy's in December. With luck, he will now put in a good word for us too, regarding a SIFT allocation for post-graduates, dental technicians' and dental nurses' salaries and our sorely missed funding for cross infection control as stipulated by his department.

To Len Holladay who has been appointed Senior Chief Dental Technician Instructor in succession to Les Wilcox.

To Tim Hodgson for being awarded the Arthur Cohen Prize in General Anaesthesia.

To N Ahmad who is awarded the Newland Pedley Entrance Bursary.

To D G Foskett awarded the Lunt Prize for 1988.

To J R Krum, G E Read-Ward and D G Foskett who share the Jack Wheatley Carleton Hunter Memorial Prize for 1988.

To D M Spencer and N J Jullien awarded the 1st and 2nd prize respectively for the J A Smith Scholarship for 1988.

Thanks

To the daughters of Mr Joel Winter for the bequest of £2,200 to establish the Joel Winter Fund for the purchase of books for any dental student with financial difficulties.

To the British Dental Association who have offered to present their portrait of Montagu Hopson to the School. He was one of the first to enrol in the Dental School when it opened in 1989.

Farewell

To Guy Butcher who left us to take up an orthodontic consultant post in the west country. A gathering of friendly wellwishers met to bid him farewell at the end of January. We look forward to

hearing more about his pioneering work with holography in the orthodontic field.

In Memory

Peter Ayling died on Monday 9 January 1989. Such was his determination in spite of the obvious weakness he suffered from his last illness that he was still teaching even on the Friday beforehand.

He was one of my demonstrators who taught me on the phantom head. I shall remember him with respect and gratitude. An excellent teacher, a gentleman and a generous colleague whose advice I frequently sought and acted upon. He had a natural warmth which made him popular with anyone who knew him.

The service at St Margaret's Church in Blackheath was crowded to capacity with so many who came to pay respect to his memory. To his family goes our sympathy for the loss of someone who was special to us all at Guy's.

Michael Maberley

Nursing Notes

Minority Views II

While male nurses, as I wrote last month, are in a minority at Guys — although it would be hard to believe this when looking at the proportion heading a table calling for strike action by nurses several months ago — nevertheless it must also be true that black nurses are also another minority group. In common with most other health authorities, the ethnically visible are virtually invisible in the higher echelons of nursing here. This is not a situation peculiar to the Metropolis: in South Derbyshire — Edwina Currieland — black nurses represent over 13% of the workforce; but of 29 nurse managers only one is black. Doubtless, the excuse is simply that there must be a lack of suitable applicants for these posts.

Several reports have been published which support anecdotal evidence that black nurses are numerically over-represented in the lower grades of nursing. In 1987 the Campaign for Racial Equality found that despite an overall 14% ethnic population in Greater London, only 1% of student nurses were black, and these were mostly found within the enrolled nurse training stream. Enrolled nurse training is closing down, and conversion courses to RGN are difficult to gain entrance to, so the position is likely to worsen.

Baroness Cox has recently warned against nursing becoming an all-graduate profession: the UKCC's Project 2000, with only one entry tier for various branches of nursing, will ensure that the less well educated are excluded, and amongst these will be black men and women who currently become enrolled nurses. This follows from, and emphasizes, the disadvantaged role blacks occupy within our educational system.

Carol Baxter, in her book, *Black Nurses: an Endangered Species*, writes, 'The endurance of black nurses has been tested more cruelly and far longer by persistent and systematic racism in the NHS'. There are two aspects to this state of affairs. First, as I have indicated above, there has been exclusion of black people from the profession, but where they have been admitted it has been to the lower posts. Secondly, discrimination within society has led to insults from patients to their black carers passing without adequate correction. Last October, *New Statesman & Society* interviewed three generations of black women who had served as nurses since the inception of the NHS. All had experienced nasty racist comments from patients, such as being called 'black dirt'; they hoped that their next generation would keep away from nursing as there was so little trouble taken by managers and society towards improving attitudes about black people. This does not augur well for the service to patients of the future: there is already a fear that insufficient young people will be available to train as nurses. Do we expect blacks to always fill the lower grade?

Black nurses may be thought by some to be a new phenomenon. How many realize that a black woman, Mary Seacole, was in the Crimea in 1857? Florence Nightingale was not the only nurse! Mary Seacole wrote, 'Did they shrink from accepting my care because it flowed from a somewhat duskier skin than theirs'? A comment that might be well-taken if addressed to some mothers who have cried out at black midwives, 'Keep your dirty hands off my baby!'

The anti-racism and sexism officer at Guy's is restricted to student activity. However Guy's itself has set up an Equal Opportunity Policy to educate all managers in non-discriminatory selection procedures. Unfortunately applications for this course have outstripped its supply, and therefore some managers, who, of course, include senior nurses who are responsible for employing new staff and students, may remain unelightened about policies which the hospital is attempting to adopt in respect of anti-racism and sexism. We can only hope the flurry of activity surrounding the

latest announcements about the future of the NHS will not disturb these policies. I hope to look at these next time.

Denis Cobell

Physiotherapy Notes

Has there been any response to Norma Volaemia's *cri de coeur* last June? She asked why there could not be a preprinted form 'or check-list as any airline pilot or garage mechanic may use' for recording 'the results of a history-taking and examination'.

Maybe she will have to become a physiotherapist before she will gain her heart's desire.

In 1974 a physiotherapist asked why the inpatient physiotherapy records were not kept in the patients' notes, but were filed miles away in cabinets in the basement of Shepherd's House. After some serious and some trifling deliberations a form was designed, agreed, printed and given official permission to be filed in the medical notes.

In 1984 minor alterations were made to stimulate the use of SOAP notes as developed within the POMR system which was formulated for medical practice and subsequently modified for use in physiotherapy.

Problem orientated medical recording has been the standard method taught to physiotherapy students in Guy's since September 1984. For the older members of staff the transition to this method of recording the assessment and of maintaining the progress notes has not been a bed of roses. Habits of twenty years are difficult to change. All of us have now been converted, however, and the next step towards Norma Volaemia's Utopia is *in utero*.

District-wide working parties were formed to draft check-list type front sheets for the different areas of physiotherapy: Outpatients, neurological rehabilitation, care of the elderly, 'general' inpatients and a quickie for those one-off-assessment-and-advice situations. Now these forms are being piloted in Guy's and are already at Draft 4. We hope to land up with one outpatient form and one form suitable for all inpatients. There will probably be an insert for more complex situations needing neurological and/or musculoskeletal assessment and long term rehabilitation. The continuation SOAP progress notes will be standard.

Already I join with Norma, hearing people complaining that students wouldn't learn properly if it were all written down for them. But of course it isn't; merely an *aide memoire* to ensure that the information which is deemed necessary is recorded — not forgotten — and is recorded in a manner which is useful and retrievable.

Körner requirements are another hurdle. We hope to be able to record the required information at the top of the front sheet. This would then be fed into a computer by a computer feeder in an office somewhere.

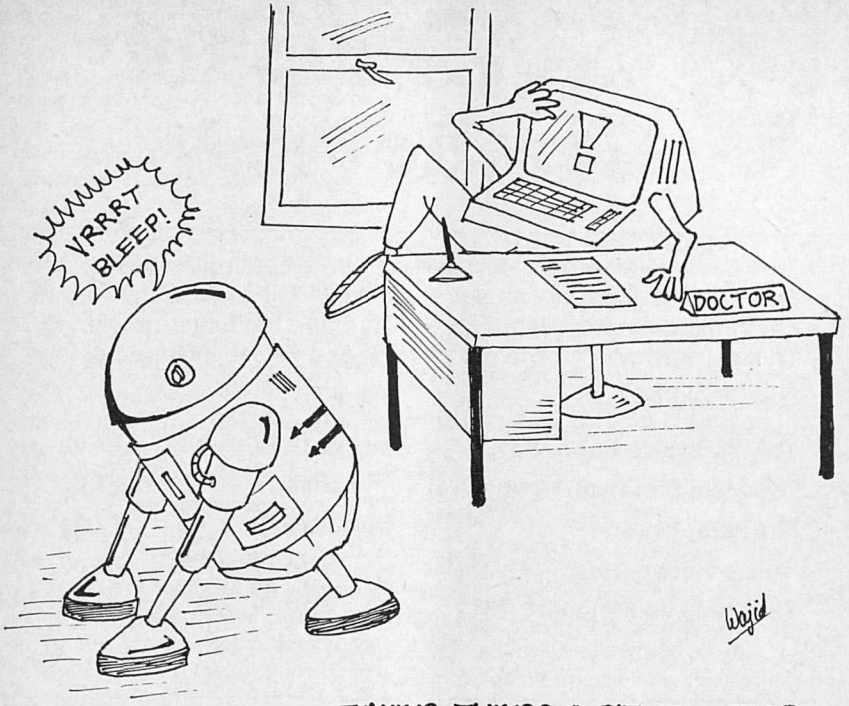
Talking about computers, are they the next step from preprinted forms? Why have a form if you can put it directly onto a computer? And what about using synthesized voice technology? Are we moving towards the time when the computer will ask the questions for us? Perhaps the patient could key in the answers? The information could be analysed in an office somewhere and the diagnosis made and the treatment plan suggested.

Then there would be no need for medical students or physiotherapy students — the machines would do it for us. But then who or what would carry out the treatment plan and ensure that the patient is recognized and treated as a person who is turning to someone for help?

Diana Innocenti

From the Editor:

Norma Volaemia has informed us that, on reflection and with the benefit of a slightly larger body of clinical experience, she has had cause to rethink her precociously expressed views on medical notes. She no longer feels that preprinted notes would be a good thing, because it would be virtually impossible to design them with sufficient flexibility — completeness could only be achieved at the cost of excessive detail. But a computer asking the questions? Now you're talking . . .



TAKING THINGS A BIT TOO FAR?

Sport

RUGBY CLUB

Jersey 1st XV v Guy's Hospital 1st XV 12–34

A weekend in Jersey with 17 return air fares generously paid for by the Jersey RFC sponsors Save and Prosper, could well be misconstrued as a tour. However, considering we were travelling to an away league fixture, we thought we had better take things more seriously . . . well, that was the intention.

Friday night in Jersey passed uneventfully, with only the odd beer being consumed. It seemed that we all might be taking the league to heart after all. We desperately needed this win, and we awoke on Saturday morning with clear heads (except Bill Schaeffer).

Fine Jersey weather and a strong Guy's side promised to make a memorable match. But ten minutes into the game, with Guy's applying all the pressure, we didn't expect Jersey's first venture into our 22 to produce a try. Our response, however, was quick, with Andy Hall sending their back line reeling with a rapid, decisive, try-scoring run. Annoyingly, Jersey scored again on the second push into our territory to recapture

Guy's Hospital Gazette Prints

The *Gazette* has produced full-size photo-facsimiles of five pen and ink drawings by Hanslip Fletcher of Guy's Hospital and its environs, on matt-finish high quality paper suitable for framing. These are shown on the next five pages. Prices include postage and packing.

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the lead 12–6. From then on our try line remained intact.

Hall, once again, showed determination and skill to bring the scores level, and at this point the Guy's pack began to dominate with a series of aggressive runs headed by Geraint Thomason and Jim Boothroyd. The scrums were also solid and a repeat performance of the Hospitals' Cup (and a few other games besides) saw a string of scrums five yards from their line. Richard Docker, with a move that we have all seen executed successfully many times, picked up from the base of the scrum and, dummying their outside half, cut through to score under the posts. A grateful and friendly crowd applauded his effort and Richard took a well-deserved bow.

The second half saw no respite for Jersey with Hall completing his third try in the corner (good conversion, Wayne), and Mike Seare went screaming over for his first Guy's try (the gin flowed in both directions that night).

The rout was completed five minutes later, after a counter attack from Jersey deep in their 22 was fumbled and Bill Schaeffer hacked through for a well-taken opportunist try (bad conversion, Wayne). All this in fifteen minutes! Guy's settled back and played some below-standard rugby and Jersey took the attacking spirit back at us as a result. They very nearly scored in the dying minutes but some good defensive play kept them out. It was a fine and well-deserved victory by five goals and a try to two goals, and as the final whistle blew the tour started.

Guy's 1st XV v Winchester 1st XV

Once again divine Providence deemed that it should rain on Saturday when all week it had remained dry, and so the prospects of 'flowing' rugby were heightened and a repeat performance of the previous Purley game (very dour) seemed plausible. However, from the start Guy's dominated, and the backs showed a keeness to pass the ball which, considering its frictionless qualities, they did very well.

Neil Davies started the scoring with an early penalty and the Guy's pack were quick to repeat the pressure that had brought the lead. After a series of probing back plays along the left wing Guy's struck through Andy Skyrme from the base of a well controlled scrum. Skyrme scored again five minutes later after following up on a kick ahead, and was given a present of a try after two farcical defensive errors.

Throughout the first half Winchester never looked like threatening Guy's 22, let alone their try line. Cushioned by a 13–0 advantage the Guy's pack began to take the ball on themselves, which resulted in some fine loose play and superb ball to launch their backs with. Tony Wilson, after some adept handling, broke a tackle in the corner to score under the posts.

Winchester did not have time to draw breath before Guy's came back once again. The Llewellyn brothers wreaked havoc behind the Winchester scrum, yet behind Guy's Skryme showed some skilful footwork and ball protection. Simon Cunliffe, our resident kiwi, was an impressive member of the pack and scored a determined try, then, peeling from a maul, he raced for the line, almost faltering when tackled, but still managing to ground the ball thanks to his extensive reach.

23–0 up and two minutes into the second half saw a Winchester scrum in their own 22 fly back from a concerted Guy's shove. The ball ended up in Docker's hands. Jeremy Worth received the ball at pace, saw the gap

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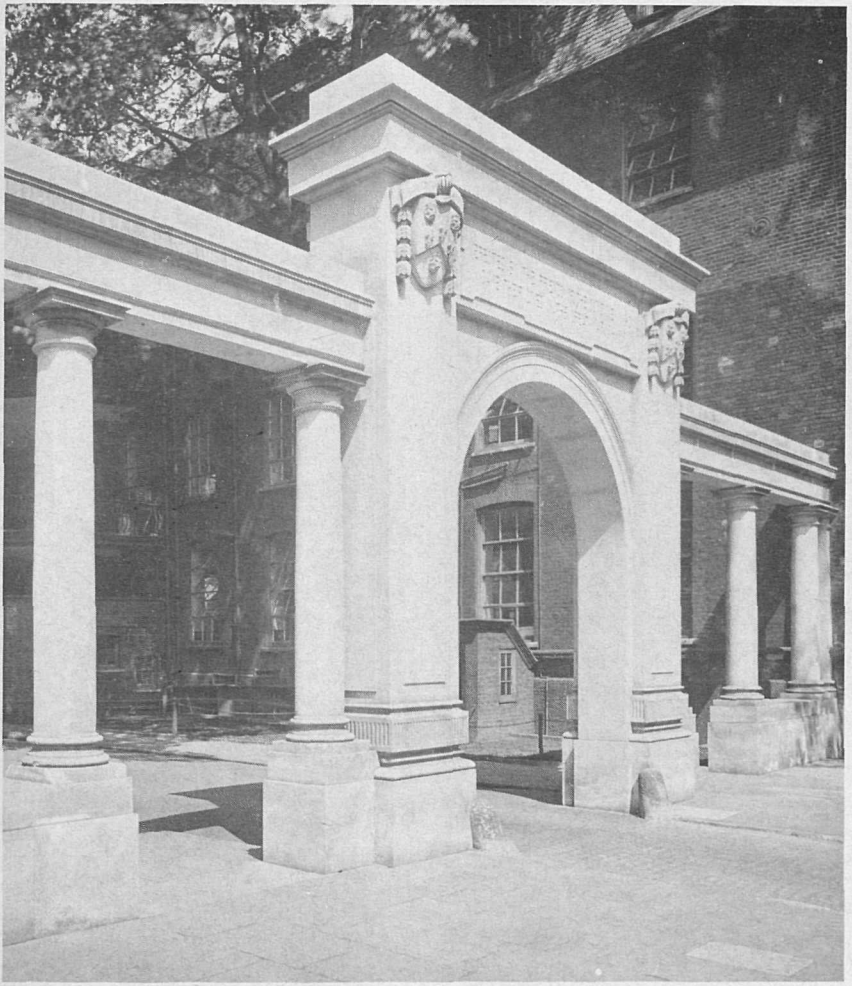
in the corner and barged through for the try, beautifully converted by Neil Davies.

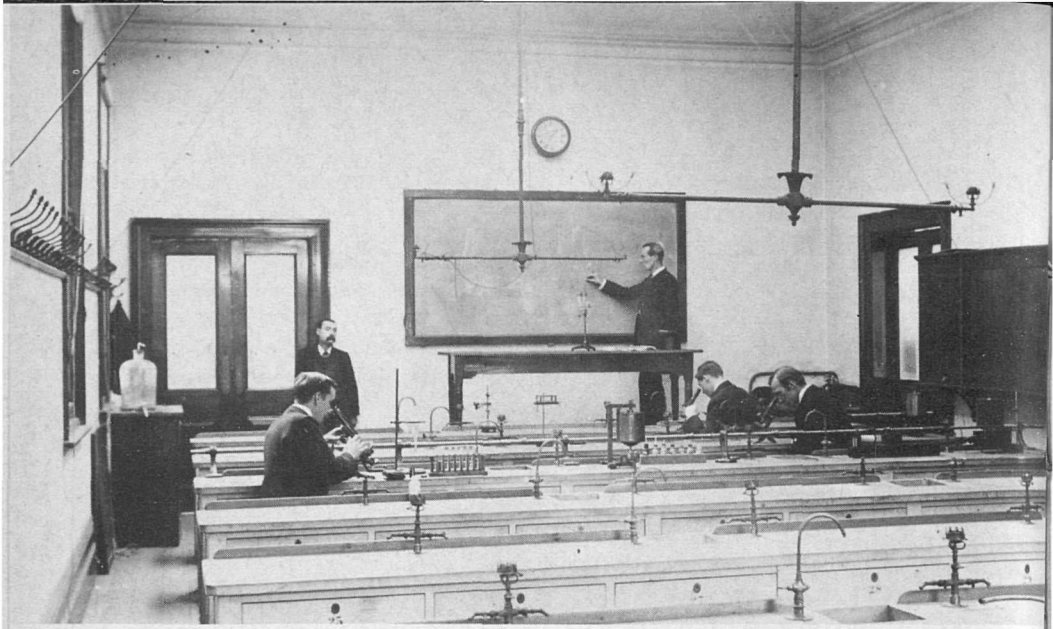
For the next 30 minutes no one took a grip on the game and play was limited to the middle of the field. Winchester, to their credit, did produce some good loose ball but their backs failed to capitalize on it. The deadlock was finally broken when, from a ruck, Andy Hall cut through the Winchester back division to score for an unconverted try.

Winchester tried hard to regain some pride and came very close on two occasions but the Guy's line remained intact. 33–0 was a fitting scoreline for a Guy's side that played well in both units and managed to combine the two to good effect.

Congratulations to the 3rd XV who beat UCH/Middlesex 3rd XV 65–0.

Below: The missing Memorial Arch (see Correspondence, February 1989). The whereabouts of the Arch will be revealed in the *Gazette* next month





Gazette Photo Corner Above is a view of the physiology laboratory in 1890, while the photo opposite shows the Park and Colonnade in 1947. The Irish scene below is by Tara Marks, first year medical student.

GUY'S HOSPITAL GAZETTE

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The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

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The cover photo shows a view of Guy's taken from the roof of the Price Waterhouse tower. (*Ron Simon*)

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Passim

It must be very difficult to be responsible for selecting students — whether of medicine, dentistry, nursing or physiotherapy — for admission to a place like Guy's. All you have to go on is a reference from someone you may or may not have met, some results from exams whose relevance is controversial, and a brief interview with the candidate, who may or may not be an accomplished actor. It is hardly surprising, therefore, that the student admissions policy is frequently a source of complaint, from those who feel that too many or too few students of a particular age, sex, colour, class or level of educational achievement are gaining entry. In this issue of the *Gazette*, for example, we publish the view of Dr Robin Stott that, in the case of medical students at least, age is an important factor — students should not be admitted to the medical school until they are at least, say, 21, and greater priority should be given to mature students than at present.

Another common criticism of admissions policy is that undue importance is attached to A-level results, to the exclusion of other forms of achievement. This explains (the argument goes) why we are hopeless at rugby and why the Residents' Plays are less adventurous than formerly. By admitting boring boffins with three 'A's the medical school has not only impoverished the life of the hospital, but also risks producing doctors in future who are less sociable, less communicative and therefore less able.

In the face of criticisms like these, admissions tutors for each of the health professions at Guy's can take great encouragement from the excellent recent production by Guy's Theatre Club of the musical, *Jesus Christ Superstar*. This was a very ambitious project, requiring a wide range of talents. It involved student medics, dentists, nurses and physiotherapists in a punishing, nightly rehearsal schedule for a number of months. Above all, it called for great courage among its leading performers. It is one thing to portray a well-known hospital figure in, say, a Residents' Play, when, as long as the script is funny, a certain amount of amateurishness in the performance is tolerated, even expected. It is quite another to attempt a very demanding musical role that is well-known, from a professional production, to a majority of the audience, in a show that has no humour to help win over their sympathy. The company were rewarded for their enterprise with a

show which was polished, absorbing and on occasions very moving. Did they have too many A-levels and not enough outside interests? I wouldn't have said so.

In this issue

Martin Sadler visits the Theatre Club's ambitious production of Jesus Christ Superstar. Mark Slade asks Dr Robin Stott, consultant physician at Lewisham Hospital and a critic of the Basic Medical Sciences course at Guy's, whether BMS really prepares students properly for their clinical training. Richard Miles and Sohaib Sofiullah attend a talk about the development of the moving image given to the Quodlibet Society by polymath Dr Jonathan Miller. Dave Maudgil previews the fun and games in store for Charities Week at the beginning of May. Susannah Roughton was one of the first medical students ever to attend an Advanced Medical Conference at the Royal College of Physicians — find out whether she understood a word of it on p 127.

Plus all the usual news, letters and sports reports.

One hundred years ago

'The surgeon described the chief points of the case to the students, and laid some stress upon one symptom which was a little peculiar. Then he turned to the first student and asked him whether he would recommend an operation. The student, who did not know in the least if it was a suitable case for operation or not, but thought that he ought to say something, answered boldly, "No". The surgeon then turned to the next student and asked his opinion. This individual, also not knowing what answer to give, but evidently thinking that the first man was a good lead, also said "No". Then the question went all round the class, and everybody agreed with the first two. "Well", said the surgeon, "You are all wrong, for I am going to operate". "No, you ain't," said a voice from the bed; " 'ere's fifteen doctors say it ain't a case for operation, and I ain't going to let you operate on me!" And he took up his bed and walked . . .'

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Correspondence

Memorial Arch

Dear Sir,

In the *Gazette* (February 1989 p.10) Professor Naylor asks about the Memorial Arch. In November 1978, I wrote drawing attention to its absence and to that of a roll of honour for the two world wars. It emerged that there was a roll of honour in the crypt of the chapel and the arch components were stored at New Cross Hospital until a convenient date for its re-erection. I wonder where they are now and where and when it will materialise.

Yours faithfully

DR. DAVID ERSKINE
10 Belmont Hall Court,
Belmont Grove,
London SE13 5DU

Aesthetics and the Memorial Arch

Dear Sir,

It is a rare pleasure to answer two of your correspondents with one letter, the more so because there is good news to convey. Dr Timms is concerned, quite rightly, by the unsympathetic and uncoordinated way in which new building on the Guy's campus has been planned and designed in recent years. Good buildings are expensive to design and build and the needs of the occupiers and strictly limited funds have taken their toll. Nevertheless, Dr Timms can be assured that the Phase III building now being designed will reflect both in design and building materials its position next to the 18th century Boland House, and opposite the Victorian brick arches of London Bridge Station. The scale of the building as seen from St Thomas Street will also be determined by its 18th century neighbour.

Professor Naylor will also be pleased to learn that there is every intention of re-erecting the Memorial Arch as part of the Phase III project, though as always this will depend on finance being available. The exact site is still unsettled, but it is indeed time that it returned to its rightful position.

The external and internal appearance and the general design philosophy of the new buildings have been given the attention they deserve from the start of this project, and have been the subject of interest in high places. Of all institutions, hospitals need to be human in feeling, domestic in scale and attractive to look at.

Yours faithfully

MAX RENDALL
Superintendent's Office

Breaking the Pavy code

Dear Sir

Would Frederick W Pavy turn in his grave if he could return to Guy's today, to see the sporting facility he lovingly endowed for the benefit of Guy's students, barred in their faces by medical school bureaucracy?

Let us explain. Recently a number of students tried to gain access to the Pavy Gym before 9 am on a weekday morning. Ordinarily, they would have been able to find out the entry code from John McDowell, the porter in Boland House. On this occasion, however, he had not been given the number by the Pavy Gym cryptologist, Mr Crispin. The naïve students therefore thought that it would be a good idea to get the code from Mr Crispin himself.

When approached, Mr Crispin told them that John McDowell had the code. When he was told that this

Guy's Hospital Gazette Prints

The *Gazette* has produced full-size photo-facsimiles of five pen and ink drawings by Hanslip Fletcher of Guy's Hospital and its environs, on matt-finish high quality paper suitable for framing. These are shown on the next five pages. Prices include postage and packing.

The Medical School, 1947	**Size 15″ × 12″**	**£7.00**
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wasn't so, he said to the students that the number would be given to Mr McDowell 'as soon as someone comes into the administrative office', and that they would then be able to get the number from Mr McDowell. It was not clear to the students why Mr Crispin had to tell the number to an occupant of the administrative office, in order for that person then to be able to tell it to Mr McDowell, who could then tell it to them. But then the intricacies of high-security systems are not intended to be comprehensible to mere mortals — perhaps Mr Crispin had already eaten the details of Mr McDowell's extension number. Or is it all just a job-creation and convenience-prevention scheme? Perhaps Mr Crispin sleeps happier in his bed at night knowing that he has *obstructed at least half a dozen* students that day.

May we ask through your columns whether there is a medium among your readers who may be able to obtain the views of Frederick Pavy upon the helpful and courteous way in which access to the gymnasium which bears his name is being controlled?

Yours faithfully

KEITH WEBSTER
DAVID DOVE
GEETA SRIVATSA
RON SIMON
Boland House

M2/S2 problems

Dear Sir,

Over the last few weeks many first year clinical students have found themselves with much 'free' time.

As part of the transition from the old to the new curriculum most of us accept that difficulties in timetabling will occur.

The M2/S2 period will always, I feel, be beset by these problems, especially in those subjects best taught in outpatients. During the M2/S2 period each specialty is required to teach six times as many students as in a 'normal' firm. Where the majority of the teaching is based on ward rounds, then, by increasing the number of rounds, each student should get at least a fair exposure to the subject.

Problems arise with outpatient clinics, as these cannot simply be increased to accommodate the extra students. It is therefore more difficult for the student to gain the clinical skills which pertain to that specialty.

The clinical course folder states that 'This separation from the general teaching will give you [the student] the opportunity to explore these particular special areas in greater depth than would usually be possible when they are combined with a general firm'. Unfortunately I believe that these objectives have not been met.

Would it not be of greater benefit to students, if the M2/S2 period was spent on an internal elective where the clinical skills acquired in the first firms might be reinforced in the light of the recent pathology course? This would no doubt mean that specialties would again have to be taught in the final firms. I would consider this a reasonable price to pay.

Yours faithfully

DAVID DOVE
Boland House

Another Guy's Gray

Dear Sir

One of the many distinctions which embellish our dear alma mater, Guy's, is the editorship of *Gray's Anatomy*, established here since 1930. The 38th edition is to appear in May 1989, giving us a tenancy of almost 60 years, out of a total of 130. Henry Gray, like our own most outstanding John Keats (who reached only 26 years), died when still young, aged 36. Like Keats, he succumbed to an

infection while nursing a dying relative. Both left behind them great accomplishments, works which must make us lesser mortals a little ashamed of our lesser achievements.

However, we seek to speak of the present, and in a most grateful and affectionate sense, of the large numbers of friends and colleagues in our school and hospital, who have contributed their expertise to the forthcoming edition. This will prove, in much thanks to them, the best ever to appear.

The acknowledgements in our new book — for it is in so much a new book — will show how much we, beyond all our own efforts, still owe to so many. To all, here at Guy's, elsewhere in Britain, and worldwide, we, your editorial team, proffer our deepest thanks, respects and affection.

Yours faithfully

ROGER WARWICK
PETER WILLIAMS
MARY DYSON
LAWRENCE BANNISTER
Department of Anatomy

Guy's past students

Dear Sir

I was extremely pleased to see that a direct contemporary of mine as a medical student, Gordon Reeves, has recently been appointed to the editorship of the *Lancet*, an appointment of considerable prestige. Your readers may be interested to learn that Drummond Rennie, who was a senior student when I was a freshman, was formerly Deputy Editor of the *New England Journal of Medicine*, possibly the only other medical journal with a similar prestige to the *Lancet*. We congratulate Professor Reeves on his appointment.

May I take this opportunity of requesting the *Gazette* to publish more such information on the activities of Guy's-trained personnel who have left the London Bridge area in search of fame and fortune elsewhere. Such information is of considerable interest to many of us, but frequently does not seem to find its way into your columns. For example, I can recollect no such announcements when Professor Sir Roy Calne, Professor of Surgery at the University of Cambridge, was elected a Fellow of the Royal Society, nor when he was knighted.

I look forward to more such news in the future.

Yours faithfully

D K C COOPER, MD, PhD, FRCS
Oklahoma Transplantation Institute
Baptist Medical Center
Oklahoma City, USA

Dear Sir,

As a life member of the Clubs' Union I should like to convey my extreme dissatisfaction to note a gross decline in the overall standards in the Lower Spit.

I note, with sadness, that the problems are not confined to a single aspect of the services provided: there are serious deficiencies across the board.

I would like to highlight just a few specific examples to substantiate my accusations.

First, staff are uncooperative and impolite. The variety and standard of the food is very poor. It exemplifies the worst in canteen-style food. The tables are usually piled high with waste and dirty crockery that has been left to accumulate during the day. When the mess is finally cleared up, ones food and tea often disappears with it.

It is now not difficult to hear the staff's new toy — presumably intended to stop them falling too deeply asleep — a loudly blaring and

incredibly annoying wireless that curtails any possibility of holding a conversation.

The spit has not benefited from recent changes. It relies entirely on the custom of the students and if it wishes to continue to gain from their support it needs to smarten up its image or eventually even they will be driven off to greener pastures.

Yours faithfully

DR MARK PRITCHARD
Boland House

Dear Sir,

When I first came to Guy's in 1985 I believed that the standard of food served in the Spit could not get any worse. I was wrong.

Yours faithfully

S POTTS
Boland House

Dear Sir,

As a fourth year medical student, it is with great sadness that I feel the necessity to complain about the 'lower spit'. I remember when it used to be a pleasant, social environment in which to eat fairly decent food, and indulge in conversation with one's fellow students. Since then, the changes to the catering system at the hospital have meant that the lower spit is no longer purely for students, and the standards have plummeted.

The general attitude of the staff leaves much to be desired. They are impolite, lazy and generally unhelpful. I have often stood at the tills in the afternoon with my lukewarm, self-service, polystyrene cup of tea, waiting for the staff to finish their cigarettes, stop nattering and come and serve me. When I do eventually sit down, I can hardly hear myself think over the blaring sound of their newly acquired radio.

I have also found that the only time to be served a full breakfast is at 7.05 am, before the workmen arrive.

I hope that we can soon return to the ways and attitudes of the old spit.

Yours faithfully

ANDY MEAD
Boland House

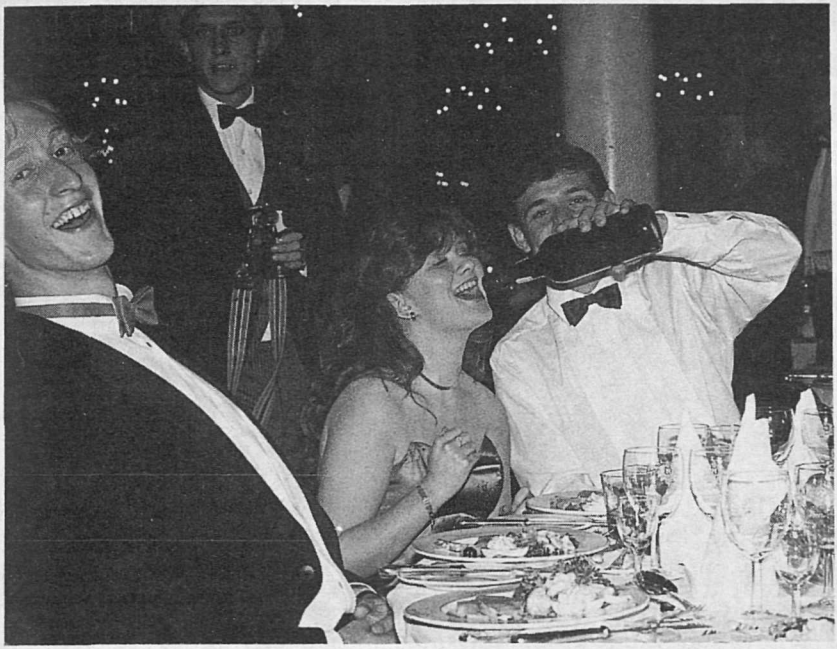
News in Brief

Dental Ball

The Centenary Dental Ball was held in the Grosvenor House Hotel on Park Lane, and was enthusiastically attended by around one thousand ballgoers.

Although the meal was served with a very meagre allowance of alcohol, this was compensated for by many of the revellers, who managed to devise highly ingenious means of smuggling their own refreshment into the ball. A number of beautifully wrapped 'Happy Birthday Dental Society' presents were in evidence, while ladies with full dresses and stockings were much in demand, even though some of them seemed to have developed rather peculiar walks.

The mood of the evening was dramatically enlivened by the arrival on the tables of a number of bottles of free champagne.



'Just say when'. (*Photo:* **Tara Marks**)

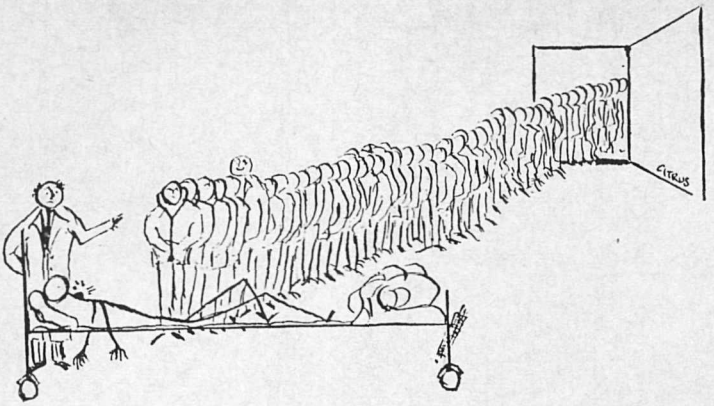
Several gentlemen who unaccountably discovered oddly shaped food stains on their dinner suits were able to have these efficiently removed by an obliging man in the gentlemen's cloakroom, who apparently offered what amounted almost to an instant dry-cleaning service.

The after-dinner speeches were disappointingly lengthy, but the Strauss waltzes which followed them proved popular, and were entered into with more gusto than skill.

Many ballgoers found the bar prices, at three pounds per drink, to be on the high side, so dancing was the order of the evening. Two of the more resourceful, but less fastidious, guests took to a subtle table-hopping strategy, which enabled them to consume the unfinished drinks of their dancing colleagues.

All the guests seemed to enjoy themselves tremendously, (even the man whose hand could be seen flopping out from under a table), with the result that the 3 am finish was greeted with disappointment by many.

Claire Jones



"I WOULD LIKE YOU ALL TO FEEL THIS."

M2/S2 — standing room only

The clinical firm M2/S2, the weak link in the new clinical curriculum, is causing frustration among medical students and teaching staff alike. Intended to teach those specialties which would otherwise form part of the last two firms before finals, M2/S2 has first-year clinical students being taught in firms of 30-plus, together with four or five final-year students who are following the old curriculum.

Teaching staff from some of the specialties have made brave efforts to cope with the increased size of their firms. In dermatology, for example, tutorials for five students have been replaced by lectures for 35, and most students have been given the opportunity to attend six outpatient clinics across South London. Other lecturers make less effort to conceal their dissatisfaction. One consultant urologist, whose manner is even blunter than his cystoscope, took one look at his new firm, muttered something about a lady called Ada, and had to be persuaded not to walk straight out again.

Many students following the new curriculum are beginning to wonder whether it might not have been better to leave things as they were.

Guy's new telephone exchange

A new electronic switchboard system is being installed at Guy's. One consequence of this is that the main number of the hospital has changed, to 01 955 5000. As we go to press, the *Gazette* has not yet

been informed of its new extension number, so would outside callers please just ask the switchboard operator for the *Gazette* office.

The hospital has also installed a small number of Mercury Communications telephone lines. This service offers subscribers a detailed breakdown of all calls made, including the numbers dialled. Administrators were apparently surprised to discover the large number of international calls being made from hospital telephones. It is not clear whether this is evidence of Guy's considerable importance as an international research centre, but if any of our readers have by any chance been chatting to their grannies in Australia, they should be aware of the increasing sophistication of modern communications systems.

Opting out — the debate heats up

The debate over whether Guy's will or won't — and should or shouldn't — opt out from health authority control, continues to rage. Although a number of senior Guy's consultants (of whom Professor Ian McColl seems to be the favourite of the media), are known to favour the idea, there has recently been criticism of the proposals from a number of sources. Labour's shadow health minister, Harriet Harman, whose Peckham constituency includes a large number of Guy's patients, has even suggested that Guy's could be forced to opt out, against the wishes of its staff, by the combined action of the health secretary and the regional health authority. Guy's consultant Dr Stuart Cameron is quoted as saying that he has been unable to find a single hospital doctor at Guy's who thinks that opting out is a good idea. He has also voiced the concern that, in an opted-out hospital, teaching may become a low-priority activity, pushed aside by the demands of more lucrative, high-tech practice. It is also suggested that, since a self-governing hospital may choose to concentrate on a small range of specialties in which it has proven expertise, it would become an unsuitable place for training medical students because it would be unable to offer them the breadth of clinical experience they require.

Photographic exhibition

The medical group of the Royal Photographic Society is holding its annual exhibition at Guy's. This will take place in the Gordon Museum from 14–27 April, and will be open to members of the hospital. Kevin Fitzpatrick, recent winner of the Rodman Medal, will be one of the photographers from Guy's to exhibit his work.

Action by AUT members at Guy's

The Association of University Teachers (AUT) is currently campaigning for increases, both in salaries for its members and in the overall level of university funding. Traditionally a non-militant group, academic staff have not had a pay rise since April 1987, and are finding it increasingly difficult to find money for research as across-the-board cutbacks take effect. Following a national ballot of its members, the AUT voted to boycott all examination work at both undergraduate and postgraduate level. This includes assessed in-course work as well as the setting and marking of examination papers.

For most universities the crunch will come in June when finals and most other important exams of the undergraduate calendar occur. However, UMDS, The Royal Free and The Royal Veterinary College all differ in having important exams in March. In UMDS these comprise the BMS IA resits (biomedics and medical statistics) and BMS IIA (anatomy, biochemistry, pharmacology and physiology). Students have to pass these in order to continue the medical course and the selection of intercalated BSc students is made on the basis of the part IIA results. Furthermore, of these three colleges, UMDS is alone in having early resits, in June, rather than September, which puts Guy's and St Thomas's in the uncomfortable position of being in the vanguard of the campaign, first to meet all of the possible consequences of successful AUT action if a prompt agreement on pay between the government and university academic staff is not forthcoming. These consequences may include litigation against the schools and individual members of staff.

Dr A Tammar is chairman of the one hundred and ten AUT members in UMDS. He informed the *Gazette* that the original plan of action at Guy's and St Thomas's was to be a diluted version of the national AUT proposals. Examinations were being set and marked as usual, but the marks were not going to be collated so that final results would be delayed. Students would be left in limbo, not knowing whether they had to revise for part IIA resits, whether they had passed the part IA resit, and unable to plan for a BSc. Exactly what would have happened to students (and particularly those found to have failed the March exams) if the AUT action had continued beyond June is unknown.

However, once it was realised that the peculiarities of the UMDS timetable put its students at a particular disadvantage compared with those of other universities, a meeting of academic staff was hastily convened on Friday 3 March. It was decided to defer all

action until after this current round of exams. But second year students may not be in the clear yet. Although examiners at Guy's and St Thomas's have agreed to this course of action, external examiners may toe the AUT line and maintain the boycott. So UMDS may yet take its place at the spearhead of the academics' action.

Ms Fiona Miller, the Student Medical Education Committee (SMEC) representative for the second year, told the *Gazette* that the staff had been very good at keeping the students up to date with developments, and since it had never been suggested that the part IIA exams would not take place, students had been working as hard as usual for the exams. She said, though, that the atmosphere of uncertainty about AUT action, especially the possibility of it occuring during the summer resists, had put more pressure on the already stressed students to pass first time around. In spite of this, she thought there was broad support from her year for the staff in their quest for more pay. Most students take the long term view that without adequate incentives, the quality of teaching staff at Guy's will decline, with those who are medically qualified (and thus very important in maintaining the clinical relevance in preclinical lectures) being the least likely to go into teaching as the gap between pay of clinical and academic staff widens.

In general, concern among the students is not marked, since traditionally the preclinical staff at Guy's are seen to act primarily in the best interests of their students and those students believe that this tradition will continue. Unfortunately, this confidence is likely to be shaken if the AUT policy is to be prolonged and effective — student's careers are the only bargaining chips that academics have.

Martin Sadler

Thomas Guy Club News

Mr Pat Hourihan, Guy's Recreation Services Manager, has informed the *Gazette* of several sporting events occurring in the near future.

An 11-a-side football competition between teams in the Lewisham/North Southwark District is taking place on the evenings of 4, 11 and 18 April at Flamingo Park, New Eltham. Teams from Hither Green, Lewisham and Guy's Hospitals and 'District' teams from departments such as finance and community medicine have so far decided to compete.

On the evening of 27 April at 6 pm, the Guy's Swimming Gala is being held in the Orchard-Lisle swimming pool. Entry is open to

teams of a minimum of four competitors from any department, names should be submitted to Pat by 24 April. There are prizes for the best male team, the best female team and overall best mixed team, plus a few individual prizes.

Summer Multisports competitions are back, the first of which are being held on 13 and 20 April. In each competition three mixed teams, each of 12 members, compete in a series of events which may include swimming, squash, table tennis, five-a-side football, cricket etc. The emphasis is on fun, and it is hoped that several multisports evenings will run throughout the summer depending on demand. Anyone who can put together a team can take part and should contact Pat for further details.

On 4 May things get serious with the annual Towers Trophy Multisports competition in which a Guy's team competes against a team from the Price Waterhouse tower. This is a battle over 15 events (some of which have already been contested, with Guy's in the lead so far). Guy's are hoping to maintain their unbeaten record over the past three years, and anyone who thinks that they could contribute should ring Pat as soon as possible since the Guy's team is not yet complete.

Anyone interested in competing or supporting any of these events should be further encouraged to do so by the knowledge that most events are concluded with a post-exercise drink in the Thomas Guy Club bar.

Guy's shows concern for junior doctors

The department of postgraduate medicine is to initiate a project to study the effects of stress among junior doctors at the hospital. The study is intended to identify the nature and effects of such stress, with a view to the subsequent introduction of a stress management programme, which is being developed with the assistance of the education department of the Marylebone Centre Trust. The project has been taken on by medical student Duncan Johnson, who will be able to seek the assistance of consultant psychiatrist Dr Anthony Fry.

Student Medical Education Committee

This year SMEC has been reorganized on a UMDS basis, to come into line with the new UMDS clinical course, and the forthcoming teaching of UMDS preclinical students together. Its function, however, is unchanged: to act as a channel for student input (comments, criticism, suggestions) to the medical course, to act as a forum for

discussion, and to be representative of student opinion on the course.

Current items under discussion include the new UMDS clinical course, and how it is working, and the place of ethics and medical law on the curriculum. If you have any opinions on these or any other matters please get in touch with your SMEC representative. Without your input SMEC cannot function.

Dave Maudgil
SMEC Chairman

Ultrasound Scanner Appeal an update

Since my recent arrival here at Guy's, as Fundraising Coordinator for the Ultrasound Scanner Appeal, I have found that I am not the only one wanting to find out more about the Appeal. Several people have asked me questions so I thought it appropriate to give some background to the Appeal, the progress so far and the forthcoming events.

The Braxton Hicks Fund has been established at Guy's obstetrics and gynaecology department, to enable us to provide equipment and services of the highest calibre. Braxton Hicks is a name synonomous with the best in obstetric care. He worked for Guy's between 1859 and 1883 as obstetric physician and lecturer in midwifery.

Our first goal is to raise £150,000 for an ultrasound scanner which will allow the diagnosis of many more foetal abnormalities than is currently possible. Advances in technology, including greater computerization, mean that a far greater clarity is obtainable. This allows higher precision in interpretation and diagnosis. Other advances associated with ultrasound are the ability to measure blood flow within fetal vessels, and cardiac activity. Ultrasound can also be used to watch the maturation of ova prior to fertilization and the assessment of tumours within the female pelvis.

So far the appeal has been very successful, raising a third of its target from various charity events, company donations and charitable trusts. There is still, however, much work to be done, and £94,000 to be raised. So we need all the support we can get from any members of Guy's, past or present.

Forthcoming events:

Sunday 23 April
London to Brighton sponsored bicycle ride
Anyone willing and fit enough to join in, please come along. It's

only 57 miles, and with stops en route in various pubs to collect money, we should make the ride easily.

Assemble: 9.00 am Hays Galleria, London Bridge City, SE1

Arrival: WHENEVER!

Sponsor forms and further details available from the department of obstetrics and gynaecology, Extn 2722.

Saturday 1 July

The Riverside Ball-Hays Galleria

8.00 pm — 2.00 am

Champagne reception, dinner, casinos, street entertainers, jazz bands, disco and fireworks

£50/£95 Double ticket

Please support these two major events and any other yet to be announced, in any way you can.

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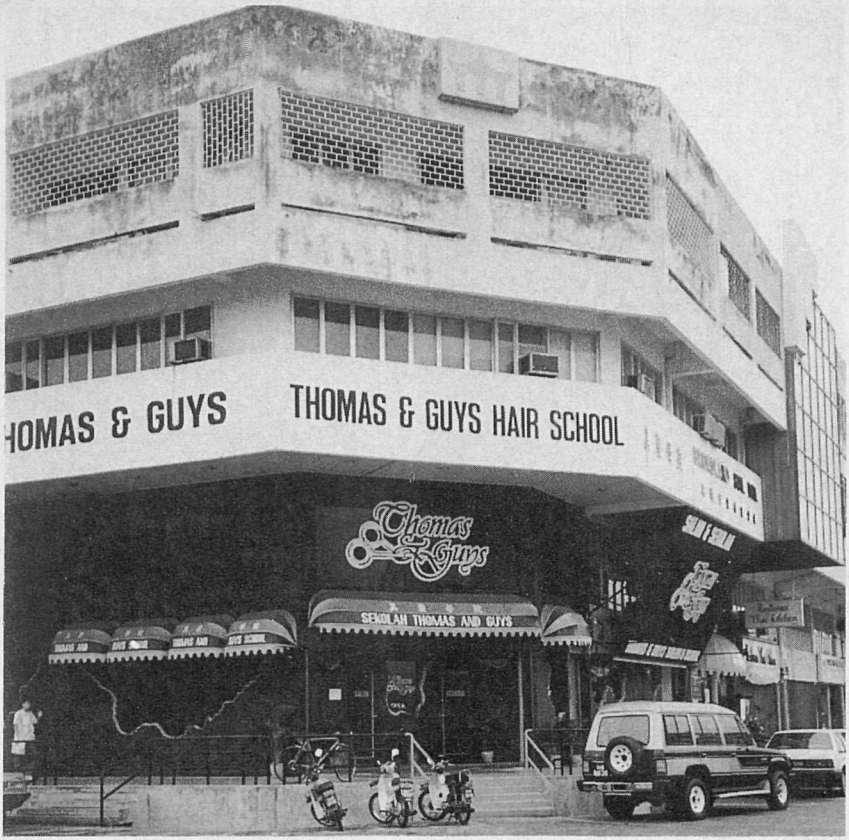

***Gazette* caption competition**

We are indebted to Sir John Batten for the above photograph. On a recent visit to Kuala Lumpar, he was astounded to come across this institution and, naturally, wondered whether it was an extension of the new United Medical and Dental Schools of St Thomas's and Guy's! This may not turn out to be the case, and prizes of £5 will be given for the three best captions for the picture.

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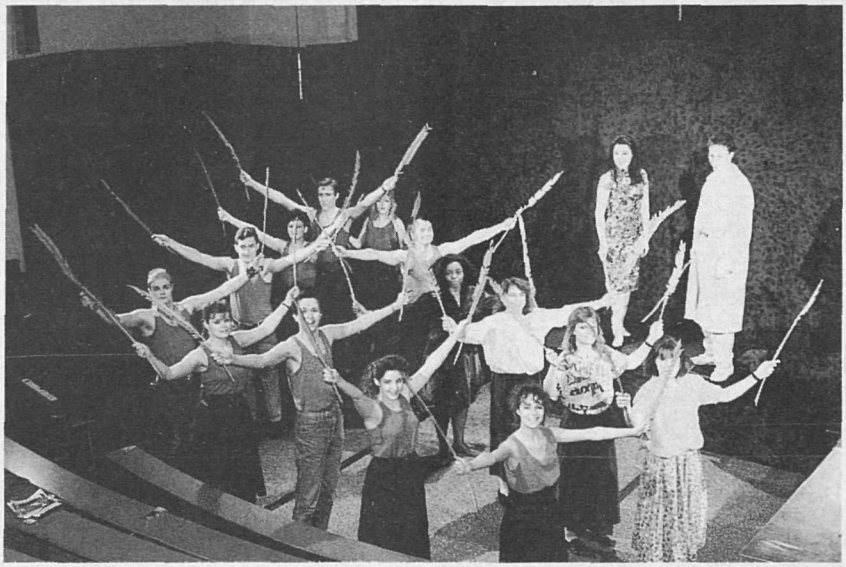
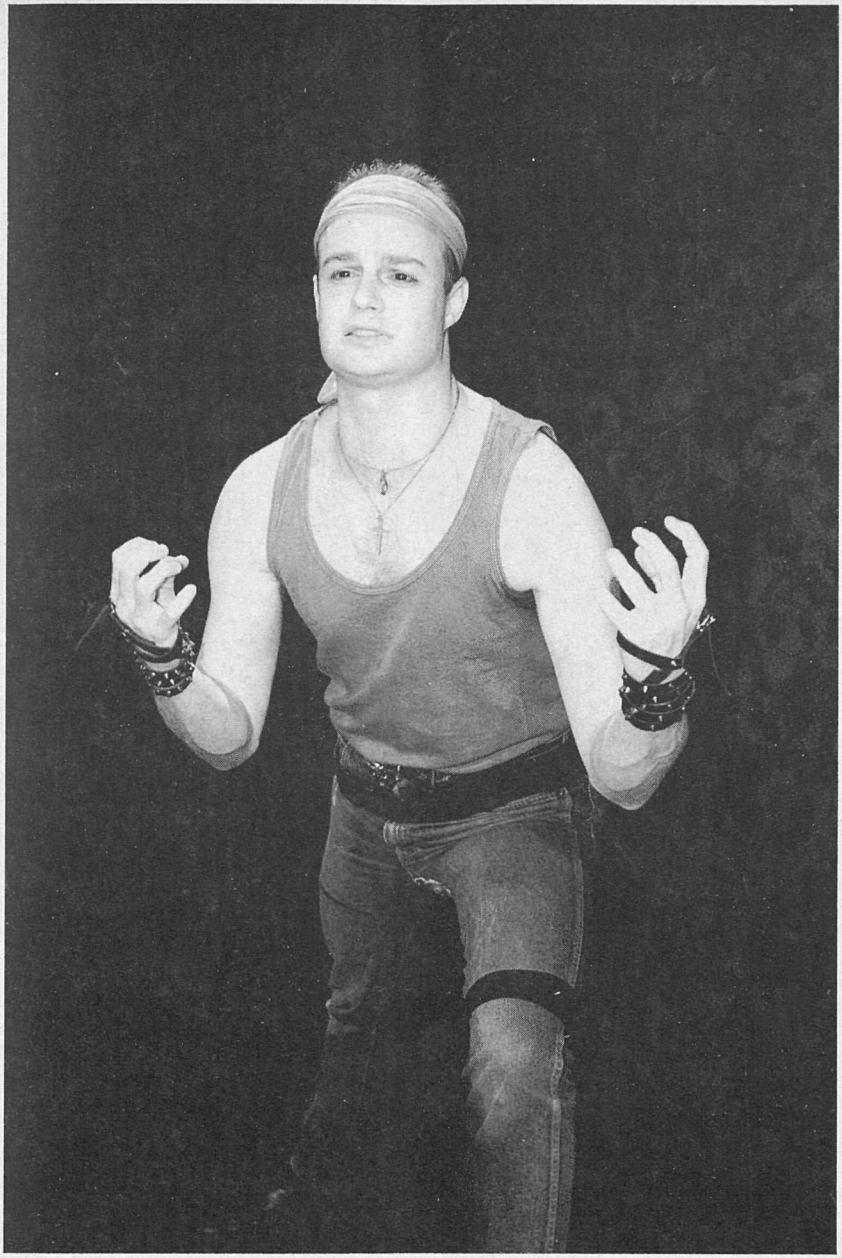


Jesus Christ Superstar

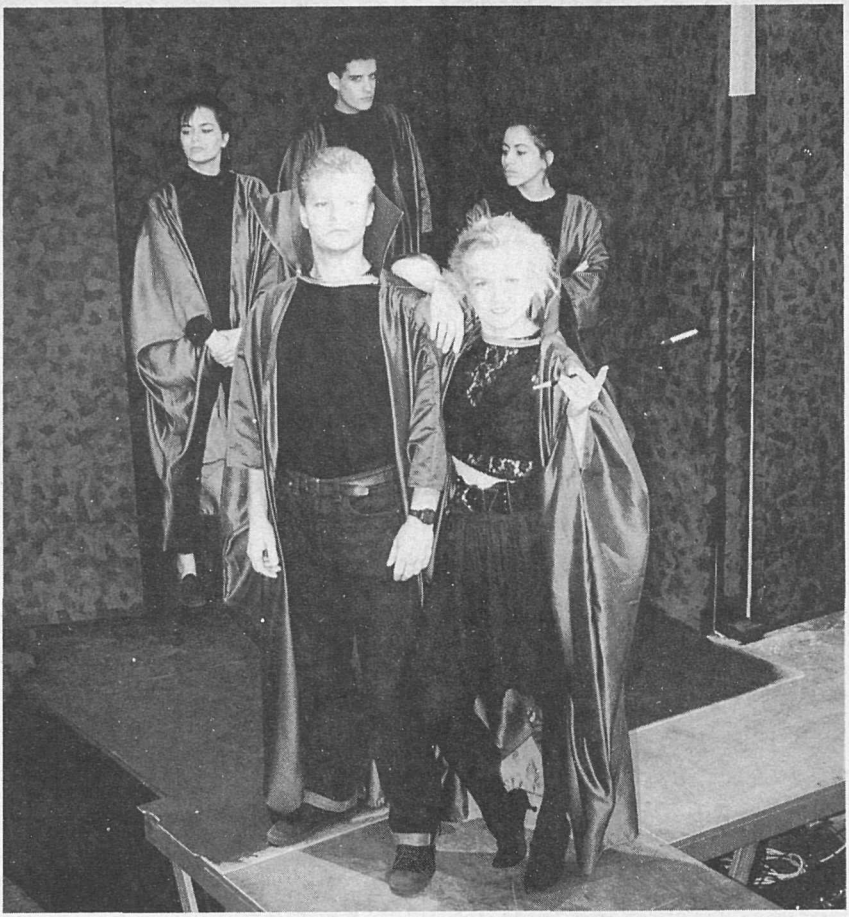
A production by Guy's Theatre Club reviewed by Martin Sadler

Each night for months the basement of Boland House has been haunted by the wails of the developing beast that burst forth upon the stage of the Harris Physiology Theatre this week. This incredible (by student standards) rehearsal schedule certainly paid off, producing one of the slickest and most professional Guy's Theatre Club productions that I have seen. Director Tim Hodgson should be further congratulated for making highly effective use of minimal props and the limited floor space available in the Harris. The cast were, without exception, well drilled and choreographed by Pat Bacon. I was impressed by the way everyone remained very much 'in character' throughout an emotionally demanding production, lending cohesion and conviction to the performance.

The leading roles in Jesus Christ Superstar are vocally very demanding, because of the dynamic range and emotional content of the parts. The effort required for this was especially visible on the face of Judas (Peter Thomas), whose voice had taken a beating in



Opposite: **Mary, Jesus watch the disciples sing 'Hosannah!'.**
Above: **Simon Zealotes (Andy Williams) in an emotional moment.**



The Baddies: Caiaphas (Charles Peebles) and Annas (Helen Scott) with their fellow priests.

rehearsals and earlier performances. Since Judas was required to spend most scenes tearing his hair out and writhing in inner turmoil anyway, his vocal straining added to the effect. Paul Frisby was excellent in the title role. An accomplished counter-tenor, Paul sang well throughout, although the strain showed even in his voice occasionally. His confident performance looked to me, at times, a little too relaxed and understated although this contrasted very well with the more flamboyant style of others. In particular, the heavy metal interpretation of Simon Zealotes (Andy B. Williams) was highly demonstrative — he should have had a motorbike to wheelie off stage on at the end of his solo.

Another scene of particular note was Mary's (Kay Hin Liok) rendering of 'I don't know how to love Him'. Her voice seemed easily good enough to have been in the West End production. Tim Hodgson as the plump, camp Herod (but what a mover!) earned the loudest response from the audience, but he had the advantage of playing the only humorous scene in the show. In Herod's song he was well supported by four of the dancers (Nasreen Khan, Jo Foster, Linda Fairservice, and Karen Archbold) who had already gyrated to good effect in a raunchy temple scene. Of the Baddies, Pilate (Jim Brooker) had a deep authoritarian rumble to his voice, while Caiaphas (Charlie Peebles) managed to look and sound moderately evil and Annas (Helen Scott) looked and sounded rotten to the core. Full credit must go to whoever did the casting and the teams of make-up artists and costumiers (too numerous to mention individually) for promoting such a good effect.

The stage performers were supported by a 22-piece orchestra in the gallery, conducted by Ambrose Edison Hall. Although occasionally wobbly, the sound was generally good with the guitar playing (Peter Stockton) sounding as though Jimi Hendrix was alive and well and living in Guy's. The balance between singers and orchestra was very skilfully managed, so that the voices were always clearly audible yet well supported. This was a considerable achievement in the rather flat, unresponsive acoustics of the Harris Theatre.

All in all the audience went away well pleased with a bargain four pounds-worth of entertainment (all profits going to the Guy's Special Care Baby Unit). My only major criticism of the show . . . there were no car chases!

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The BMS Course — a lot to learn?

An interview with Dr Robin Stott by Mark Slade

Does the Basic Medical Sciences course at Guy's adequately prepare students for the clinical training that faces them? Dr Robin Stott, consultant physician at Lewisham Hospital, and well-known griller of first year clinical students, has a number of criticisms of BMS, and we asked him for his thoughts about how the course might be improved.

Why does he think that the course is failing to fulfill its objectives?

'Every year when a new group of Guy's students begins clinical training at Lewisham, I start by going through the process of clinical examination with them. I usually take the nervous system as an example. I am consistently disappointed at how poorly they are able to link together in a coherent way what they are doing in their examination with the neuroanatomical implications. Even with very basic things like the optic nerve, for example, they don't seem able to relate what they're doing to the pathway within the CNS, nor do many of them know which region of the cortex they are dealing with. Then I go back and look at the BMS timetable and find that they are supposed to have learned 150 hours of neuroscience, or whatever, and they've only had six months to forget it all. It makes me wonder whether they are being overburdened with so many facts, that they can't remember the relevant ones, and whether a clinician has been involved in helping define the curriculum.

In defence of the neuroscience course, it must be said that Dr Lowell Rees, Dr Teifion Davies and Professor Martin Berry, who teach it, have all practised as clinicians, and indeed Dr Davies has recently returned to full-time practice in psychiatry. Perhaps the difficulties of beginning clinical students stem from learning neuroscience as one set of facts, and clinical examination of the nervous system as another, without the two having been properly integrated?

'What I'd really like to do would be to video a random sample of the sessions I give at Lewisham, so that we could then collectively assess how well the BMS course prepares students to understand what they are about when examining patients.'

'I think that there is far too much emphasis placed upon learning lots of facts in both the preclinical and clinical courses, and not nearly enough devoted to learning *process*. I want students to be able to pursue a logical process when they are learning clinical skills: where is the lesion, what might its pathological basis be, what physiological dysfunction would that produce, what will be its effect on this particular person at this particular time, why has it happened to this patient now?'

'I don't want clinical students to be able to tell me ten causes of right heart failure — I'm much more interested that they should be able to recognize it when they see it, that they can understand why it gives rise to that collection of physical signs, what it means to this particular patient. Then if they want to go away and look up the different causes, at least they'll be looking in the right part of the book.'

A feeling of drowning in a welter of unnecessary factual material is a matter of common experience among preclinical students. But isn't it very difficult to identify genuinely redundant parts of BMS? In anatomy, for example, which is surely the most fact-packed course of all, it is difficult to think of a region that you don't need to know about. The chest, abdomen and nervous system are important for everyone, surgeons and neurologists like you to know different things about the arms and legs, and specialties like ENT require a great deal of detail about relatively esoteric areas. Isn't Dr Stott being rather harsh?

'There must be more emphasis on what is truly relevant to most clinicians. If you take the abdomen, every doctor must know something about its anatomy, but do most really require the detail that is taught? Switching to biochemistry, I'd like to see the students perform a survey of consultants at Guy's, getting each to write down what they can remember of the Krebs Cycle. I think you can imagine what the result would be. Personally, I think I might be able to remember one or two bits of it, even the names of a couple of the enzymes if pushed, but no more than that. Is there any evidence that the treatment of patients is suffering in consequence of this ignorance?'

So what is the remedy?

'The first thing must be to cut down the number of facts in the course. People must be forced to decide what it is really essential for a newly qualified doctor to know about each of the preclinical subjects, and to discard the rest. Before anything new is added to the

curriculum, I would insist that at least double the number of hours were removed to make room for it. I would dearly like to see communication, ethics and the medical consequences of nuclear weapons added to the curriculum, but I would rather they were not taught at all than have them added to an already overburdened course without this sort of compensatory paring down.'

'I also think that we need to pay a great deal of attention to our admissions policy. We are still getting too many people who, after a number of years of training, decide that medicine is not what they want to do after all. It may only be a small percentage, but it's still too high in view of the time and effort that both the individuals and the school have wasted in consequence. People have considered, in the past, introducing a system of group interviews for candidates, lasting over a day or two, in which they discuss why they want to do medicine, and gradually select themselves. That is, of course, enormously time-consuming for the medical school.'

'I've come to the conclusion that the key to the problem of selection is age — eighteen is just too young to decide whether you want to be a doctor, and appreciate the consequences of that decision. I think we should select candidates as we do at present, but then say to them, ''Right, now go away for a couple of years, do what you like, and then start the course.'' Within that time some of them will decide that they don't, after all, wish to take up their place and those that do come will be better able to articulate their concern over the curriculum. I would also like to see a greater emphasis on the selection of mature students.'

'The pressure for changing the system must, however, come from the students themselves. There are far too many vested interests involved for this sort of change to be initiated by the academic staff.'

Editor's note

In an uncontrolled, non-random, statistically insignificant sample of first-year clinical students approached by the Gazette, *biochemistry was identified as the preclinical subject having the largest body of irrelevant factual information. As one student pointed out, 'The only relevant parts of biochemistry are taught again in pathology anyway.' The heavy factual burden of anatomy was seen as justifiable, in view of the clinical relevance of most of it. Physiology was thought of as being very relevant to medicine. Interestingly, pharmacology, which is seen as the Cinderella subject in the preclinical course (having the least teaching time and the easiest exams), was thought by some to be the best course*

of all in terms of preparation for clinical studies. This is because it is the only course to deal specifically with disease, and for each disease it teaches the relevant anatomy, physiology and biochemistry.

The Quodlibet Society — Dr Jonathan Miller on 'Anything but medicine'

by Sohaib Safiullah and Richard Miles

On 14 February, Jonathan Miller gave a lecture in the Harris Physiology Theatre at the invitation of the Quodlibet Society. His carefully chosen topic was 'Anything but Medicine', which, as he pointed out, left him free to defer a decision on the real subject of his talk until he actually began speaking.

As it turned out, Dr Miller chose to talk about film, and about how the portrayal of movement in the visual arts has developed over the centuries.

If anyone merits description as a polymath, it must surely be Jonathan Miller. His career has included comedy acting in *Beyond the Fringe*, as well as the direction of theatre, television and opera per-

Guy's Hospital — 250 years

Have you ever wanted to know more about the history of Guy's? What was student life like in the nineteenth century medical school? What happened in the Residents' Plays of the forties and fifties? How about nursing, midwifery, the Wills Library? Or the early days of X-rays?

This 240 page, illustrated paperback gives a history of the achievements in every field of Guy's life for the past 250 years, and is available for only £2.95, including postage and packing, from the Gazette office. The book makes an ideal gift, and only a limited number is available.

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formances (including a highly acclaimed production of *Rigoletto* with the English National Opera). He was the writer and presenter of the BBC TV series *The Body in Question*, and is, of course, a qualified physician. The breadth and authority of his knowledge, together with his great command of language, make him a very impressive speaker.

Beginning with the problem of depicting movement in a static medium, like painting or sculpture, Jonathan Miller discussed the conventions that were adopted by artists, and that therefore had to be understood by their audience, for representing or implying movement. Sometimes this was achieved by gesture — for example, the uplifted sword-arm might imply the descending blow that would have followed. Cartoonists adopted different conventions, adding extra lines to drawings, representing the blurred edges or 'streamlines' of moving objects. To interpret these as suggesting movement one had to be privy to the 'code', since such phenomena are not seen in the real world of everyday experience.

Turning to photography, he spoke of the various mechanical inventions which gave static photographs the illusion of movement. Nowadays a cine film passes the projector gate so quickly that illusion is indiscernible from reality — it is impossible to tell that the image before one's eyes is in fact made up of a series of static pictures. Nevertheless, in watching a film one unconsciously accepts a number of conventions of the film-maker's art. For example, we make no protest — conscious or unconscious — if the film presents us with a change from a long-range shot to a close-up in a single frame. Neither do we perceive a paradox in having two people, each looking directly at us, who are supposed to be having a conversation with one another; instead, we unconsciously rotate the two images in our brains so that they turn to face one another.

Dr Miller's exploration of the possible physiological mechanisms which underly the perception of film was aided by a number of thought-provoking questions from the audience. His talk was fascinating and thoroughly enjoyable. We thank him very much for giving up his time to address us. Look out for the next Quodlibet presentation in the near future.

Charities Week 1989 — a preview

by Dave Maudgil

This year's Guy's Hospital Charities Week will take place from Monday 1 to Friday 5 May, and is being organized by a committee comprising Rachel Clapton, Alison Currie, Ruth Prosser, Steve Pryke and Georgie Siggers, ably assisted by a team of other second year students.

The week should start off with a bang on Monday with a Charity Ball on the HMS Belfast, for which 390 tickets will be available at Guy's. In the spirit of the UMDS cooperation 200 tickets will be available at St Thomas's for whom the Ball will mark the end of their Charities Week. Single dining tickets will be available from 24 April from Boland House, priced at £20 each (non-dining tickets will not be available due to lack of space in the venue). Music will be provided by the celebrated Juliana's Discotheque, who will also be lighting up the deck of the Belfast, and by Dennis Chappell's Band who have played at previous Balls, and who are certain to be well received with their music from the 40s, 50s, and 60s. There will be a prize raffle and other entertainments.

On Tuesday there will be a showing of the *Rocky Horror Picture Show* with suitable fancy dress (get out your black lipstick and stage blood!). A seriously hot and sweaty Inflam will follow. On Wednesday there will be a Real Ale and Darts Evening, with large quantities of the former and competitions in the latter. It is hoped that each year will put forward some teams to compete in the darts and other pub games which will be organized. There will also (hopefully) be a spaghetti eating competition where an attempt will be made on the world record for eating the stuff, with an official from the *Guiness Book of Records* on hand to verify.

Thursday is Barndance night, so come on y'all and swing your partners round your head, to the calling of the *Ring O'Bells*. A bar extension will be available to keep the festivities going till late.

The final day will start with the infamous Tarts and Tramps three- (or five-, or seven-) legged pub crawl, culminating in the Charities' Week Hop, with probably a live band playing at intervals between the tuneful strains of Plasma.

A Charities Week Magazine is being produced under the editorship of Nick Gall and promises to be very entertaining with

humorous articles written by Stephen Fry, Antony Jay & Jonathan Lynn (of *Yes, Prime Minister* fame), Dr Rob Buckman, and Douglas Adams & Jonathan Lloyd, among others. Also jokes will be supplied by various personalities such as Lenny Henry and Emma Thompson. It will be available by 24 April, priced £1. Advertising space may still be available now . . . Also on sale will be Charities Week T-shirts with the slogan 'Give a Guy a Fiver' (that's the price).

Throughout the week the emphasis will be on collecting as much money as possible for the charities, which this year are the Ronald MacDonald House and the Evelina Children's Home Appeal. You can contribute money in many ways, either directly or by buying a magazine and T-shirt, or perhaps by hiring the notorious Hit Squad (who will submerge your (ex)friends/foes in shaving foam), or the Gnomes (who will merely menace you for money), and of course by coming to the events. Collectors are especially needed for the City collections, dates to be announced.

So please come along and support and have a great Charities Week!

UK-USSR Medical exchange programme

Each year, the UK-USSR Medical Exchange Programme gives students the chance to find out about Soviet health care, by arranging a two-week tour to the Soviet Union. This year the trip will take in the cities of Moscow, Leningrad and Smolensk. The emphasis is on bringing British and Soviet students together to allow free exchange of ideas and experiences. Participants need not be worried about the language barrier as many Soviet medics speak English. The tour will include visits to hospitals, research institutes and polyclinics, and will include time to see museums such as the Hermitage in Leningrad and the Pushkin in Moscow.

If you are interested in this year's student tour (24 June to 8 July 1989), please write to Philip Gothard, Tour Organiser, 6 Sigott Street, Longwood, Huddersfield, HD3 4XA. Due to oversubscription on past tours, this one is limited to medical students only. The cost will be around £480 inclusive.

The 25th Advanced Medical Conference at the Royal College of Physicians — a student's view

by Susannah Roughton

About two hundred and eighty people, of whom fourteen were medical students, attended this conference. This is the first time students have been invited to join this august gathering, and so it was that I arrived, sodden, (it was raining) and a little apprehensive, to register. My anxiety quickly dissolved when I met Dr Scott, Dr Knight and Dr Jackson who were very welcoming and friendly. The other medical students were easy to pick out too, since we all looked considerably younger than the majority of the participants.

We kicked off on Monday morning with four lectures on cardiology, interspersed with coffee and biscuits. Luckily it wasn't all as highbrow as I had imagined it would be. The main aim of the conference, I discovered as the week went on, was not to baffle everybody with the latest academic research, but to review current techniques and treatment, and to inform on slightly more unusual aspects of medicine. Thus it was immediately following lunch on Tuesday that we sat through Dr D A Warrell's superbly illustrated talk on 'Snake-bite in five continents'. As slide after slide portrayed the hideous consequences of bites by the more venomous vipers, I began to think that perhaps that extra pudding hadn't been such a good idea. I couldn't begin to mention all of the thirty-five papers delivered over those four days. Suffice to say that the content and presentation throughout was superb. I really enjoyed myself.

Reactions to the medical students varied from the slightly flattering 'Oh, but I thought you were all SHOs', to the very flattering 'Well, you young hotshots probably know more about this than us old fogeys'.

So what did I learn from my week at the Royal College of Physicians? Apart from the obvious educational experience, I realize now that there is a definite art to getting to the front of a coffee queue, that Sir Richard Doll has a very nice line in bow-ties (look out PGJ), and that consultant physicians are a misunderstood species. Honestly, outside the confines of a teaching ward round, they're actually very nice!

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In summary, it was a fascinating four days. I can pride myself on being the first student in the history of Guys Hospital Medical School ever to attend this conference, an experience I would recommend to all final year medical students. The programme for this conference is available from the medical school office.

Physiotherapy Notes

Gaining clinical experience is a crucial part of physiotherapy education as indeed it must be for most students in the medical field. In the 'old days' (note I left out 'good'), most clinical experience was gained within the training institution. Thirty students with limited knowledge but great enthusiasm would flood the hospital in search of 'the patients'. It didn't really seem to matter what was wrong with the patient and whether this had been covered in theory in the school. I cringe now to consider some of the patients I literally 'dragged' across the ward in my own student days!

Quite rightly, in my view, things have changed. At Guy's the students spend six weeks in the school studying the theory and practical application of physiotherapy in two specialist areas and then spend two periods of three weeks treating the very type of patient they have been learning about. It is amazing how all the chronic chest conditions disappear around the time of the medical chest module! To be serious though, this does make educational sense: clinical experience reinforcing the taught component of the course.

Like any system, it does have drawbacks, not least of which is finding fifteen placements in the same specialist area. Thankfully there are still many therapists willing to take our students putting the needs of the profession before the relatively small financial reward. The placements however, must meet the school's requirements in terms of amount of supervision and seniority of staff. This has necessitated Guy's School finding placements through the South East. Students may find themselves in such far-flung places as Brighton, Canterbury or Margate.

Students who are in these distant parts usually have to live in and are isolated from their fellow students and their normal life. Furthermore, how many of the qualified staff would adapt to changing our area and place of work every three weeks? Not only must

they adapt to the new environment, but must also pass a final assessment by their supervisors. Learning and being assessed at the same time must be an enormous strain. Despite this, most of our students cope admirably and appreciate the efforts of the staff to make their stay a happy one. It is also not unusual for qualifying students to apply for their first jobs in hospitals that they have worked in and enjoyed.

During their placements the students have to be visited at least once every three weeks by a tutor from the school. Bearing in mind the vagaries of British Rail, and that there are eight members of staff to visit thirty students, it is not always an easy task. It is expensive both in staff time and travel expenses.

Despite all the problems associated with the system it usually works well. The students learn a great deal from those at the 'sharp end' of the profession, have plenty of hands-on experience and, perhaps most importantly it is usually an enjoyable experience both for supervisors and students. Long may it remain so!

Maggie Bickers

Nursing Notes

Putting Patients First

Now that the dust has had time to settle on the government's recent white paper, *Working for Patients*, it is opportune to see what it says about nurses, and how this may affect Guy's. Having read through the whole of this paper, I thought it appropriate to quote certain points, in case you had missed them. The role of nurses looking after patients is identified: 'nurses represent the largest single group of professional staff in the NHS, who are responsible for delivering direct patient care around the clock'. This reminds me that one of our own professors once acknowledged to me that 'nurses are the most important people in the hospital' — I presumed he meant after the patients! The paper goes on to recognize our professional skills and suggests a 'reappraisal of traditional patterns and practices'. Examples are given of extending the role of nurses, to take over duties often carried out by junior doctors, and on the other hand to release nurses from some more humdrum tasks, which may be undertaken by others with less training. Ironically, during my lifetime in nursing, many tasks I once performed, are now, owing to a variety of reasons, not least legal requirements, performed by doctors.

The government picks out Resource Management Initiative (RMI), pioneered at only one or two hospitals, including Guy's, as a key feature for improving the cost effectiveness of how we care for patients. Before the 'hospital trusts', which are to be set up under the NHS, proceed, there is to be an extension of RMI to many more hospitals: this, the paper proudly proclaims, will 'encourage the involvement of doctors and nurses in management'. I hope this is right, as it sounds like good stuff, although I know some senior nurses have expressed reservations about doctors' knowledge of good management.

The press publicity given to the white paper has centred on the so-called 'opting out' of hospitals, and new arrangements for GPs. Indeed one sister here told me patients have already expressed fears that they will need to pay directly for treatment. Firstly, hospitals are *not* leaving the NHS, simply gaining a degree of independence. Staff have fears about pay and conditions; it is hard to believe these would not be competitive, if the hospital is to succeed in recruitment. It is also good to know that the executive directors will include a nurse manager. I am not so happy about non-executive members coming from the League of Friends — what about those of the Community Health Councils (CHCs) who have done Trojan work since 1974 to protect patients' interests? Sadly there is no mention of CHCs at any point in this paper.

Protection of junior doctors' posts, for training purposes, is noted, but nothing similar about nurses' training. Secondly, nurses working in GP practices, also not mentioned, probably share some of the alarm shown by this group of doctors.

Some commentators feel this paper represents a return to the days when Guy's had a board of governors. While this is not quite true, is 'turning the clock back' a good idea? We all know about those famed for this practice — second-hand motor dealers! In many ways the paper is like the curate's egg: having only recently recovered from the effects of RAWP, the government intends to reverse this, despite the evidence of medical economists that there is still a north/south divide in health, to the advantage of the south. Moreover, we live in a capitalist society, and this report has a large section headed 'Capital', but only two short paragraphs among its hundred pages on training and research.

I have spent many years in nursing with an emphasis on prevention, and it is sad to see little in this paper to promote this aspect. Almost the opposite applies, as it is those who 'perform' best in

treating disease, rather than those with as much to show because they prevent it, who may get the lion's share of the cake.

Finally, is Guy's to be famed more for its management than its medicine in the future? After all, this is a very political document, and as our leaders here say, if we don't grasp the nettle now, we may be left behind. But what of the opposing political viewpoint? Mrs Thatcher, who wrote a preface to this paper, may speak of going on and on, but there is that quaint quinquennial quirk — the use of the mark of the illiterate at the ballot — which may topple her one day. What then? Maybe those who have been most keen to cooperate with this administration will find themselves the least popular under a new one. That respected journal *Nature* had this to say: 'the elderly and the chronically sick will be, in relation to the new NHS, in much the same position as the consumers of the newly privatized nationalized industries — less able to exercise their rights as consumers than they should be. That is why even the modest changes in the management of the NHS now proposed demand ways in which the interests of the patients least able to look after themselves can be safeguarded'. As nurses have always put patients first, this is a warning they will heed.

Clubs Union News

This is my first column as new president of the clubs union. I would like to take this opportunity of thanking my predecessor, Stuart Millar, for his fine work. I hope that I shall be able to continue in the same vein.

The main current point of interest within the clubs union is the amalgamated UMDS clubs union constitution. As you may know, from October this year the new students at UMDS will be completely joint students, owing allegiance to neither Guy's nor St Thomas's alone. It is therefore imperative that a revised constitution be drafted and accepted by the student bodies of both campuses in time. To this effect, the officers of each of the clubs unions have been meeting regularly over the past few weeks to hammer out a form of constitution that is acceptable to all sides. If any readers have any constructive views or suggestions to contribute to this process, they would be most welcome — either come to see me or drop me a note in my pigeon hole in Boland House.

On the sporting front, the first XI men's hockey team and second XI men's football teams are to be congratulated upon reaching the finals of their respective UH competitions. Sadly the hockey team were defeated 3 – 1 on the day, while our footballers have yet to play as I write this. The boat club came second overall in the UH head of the river, and won its class in the Reading head.

Finally, congratulations to the Dental Society for organizing an enjoyable Dental Ball, and good luck to all the cast of the forthcoming Theatre Club extravaganza, Jesus Christ Superstar.

Zaheer Yousef

Sue de Monas

Hassle free revision for the discerning fifth year.

1. The important thing is to have a continuous supply of a hot, refreshing beverage, and food to make sandwiches with. A large working desk is important so that teapot, mug, milk, biscuits, sandwiches and fags can be accommodated comfortably as well as pen and paper.
2. Have the desk facing the window so that you can gaze out at the view while you inwardly digest nuggets of information (and your sandwich).
3. Put BMJ's and Drugs & Therapeutics Bulletins in the lavatory so that even bog reading material is relevant. (The BMJ can also double up as lavatory paper if you are caught short!)
4. Listen to Radio 4. It's amazing what you can pick up about Bovine Spongiform Encephalopathy or the White Paper whilst deciding what to wear in the morning.
5. Get a packet of highlighter pens. You can while away many a happy hour colouring in pages of boring text — all in the name of 'highlighting' important facts. The resulting green, pink and yellow morass would stand up well at any aci-i-i-i-d party.

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Book Reviews

Radiology and Imaging for Medical Students. 5th Edition. David Sutton. £12.50. Soft cover. Churchill Livingstone.

I am always suspicious of books that have the words 'For medical students' or 'essential' in the title. Invariably they tend to be scaled-down versions of the larger texts with the good illustrations left out and the obscurities left in.

I was very pleasantly surprised, therefore, when I read Dr Sutton's book, to find lots of good pictures and concise, relevant text. The radiographic reproductions are of a very good standard (yes — I really did see the Kerley B lines this time!), and the systematic approach combined with supplementary chapters on specific imaging techniques makes this book more than adequate for MB standard.

Although of increasing importance, radiology is still taught as something of a 'me-too' subject at Guy's and few students may consider buying a separate book on the specialty. However, I would recommend this book wholeheartedly to all.

Susannah Roughton

Sport

ATHLETICS CLUB

University of London Athletics Championships
8 and 11 March 1989

The new venue for these annual championships appeared to inspire a much higher level of competition than has previously been achieved, especially in the men's events. Once again the Ladies' team (UMDS should really be renamed Guy's, as St. Thomas's appear to have no budding female superstars this year), won their section of the championships with only six team members. The men suffered somewhat due to the non-appearance of any Tommies athletes (Sorry! One male discus thrower turned up!), but battled on valiantly regardless.

In the men's section, Dominic Yu bravely agreed to enter a multitude of events (3rd 400 mH (heats), 3rd HJ, 4th LJ, 3rd TJ, 10th JT, 6th 100 m, 6th 100 mH), although he politely declined to run in the 3,000 m. Andy Williams showed how versatile rowers can be by coming a creditable 6th in the 3,000 m from a very fast field of 24. Phil Gowers and Turan Huseyin were volunteered as the strongmen of the team, putting up some solid performances in the throwing events (Turan 5th SP, 4th Hammer, 3rd Discus; Phil 8th SP, 5th Hammer). The most amusing scene of the championships was the sight of Paul Fulford and Warwick Ames, who wiggled their way round five laps of the track in the 2,000 m walk, for 6th and 8th places respectively. Lovely range of movement, boys! Dave Dove (yet another rower) came 4th and 6th in the heats of the 100 m and 400 m respectively, but windsurfing proved to be a greater attraction than running

the relays! Justin Simms maintained his reputation as one of the leading ULU sprinters by coming 5th in the 100 m and 3rd in the 400 m, in two very competitive fields. Ron Simon was persuaded to do the 400 mH (5th, heats) and 800 m (8th, heats) which he thoroughly enjoyed! That leaves Jan Huseyin, who was game for any event, and who, with no previous training, completed the following: he won his 100 m heat (he was the only entrant), 10th in the 800 m heats, 8th LJ, 6th 200 m heats, 10th TJ. The relays (always the most exciting events) were highly competitive with the 4 × 100 m team finishing 5th (Huseyin, Yu, Simon, Simms), and the 4 × 400 m team finishing 8th (Simon, Yu, Fulford, Simms). Congratulations to Paul Fulford for completing his 400 m leg with only 5 minutes warning of his inclusion in the team!

For the Ladies, Kate Laughton was entered for every event on Wednesday, as she was off to sunnier shores on Saturday. She achieved the following: 6th 100 m, 1st 800 m, 4th 400 m, 5th LJ, 2nd SP. Nancy Campbell (recruited from a tutorial earlier that morning) came 4th in the LJ. May Yeung (another rower) offered to run in the 3,000 m and finished 10th in what was a very quick time. Olagh Sampson (of international badmintion fame) came 9th in the 3,000 m and 2nd in the 800 m, running both events within ½ an hour of each other. She also finished 4th in the 1,500 m and 3rd in the HJ (a previously unrealized talent!). Liz Nichols powered her way through the shot (3rd), the javelin (1st), and the discus (2nd) to compensate for Elli Elson's disability. Kate Williams was bullied into entering many events which she completed with little fuss. She clocked up the following: 5th 100 m, 3rd 400 m, 4th 200 m, 2nd HJ. With only three team members and 15 minutes before the start of the relays, there was talk of recruiting innocent passers by, but May Yeung saved the day by abandoning her theatre club rehearsal for a touch of glory. The 4 × 100 m team (Olagh, Liz, May, Kate W) stormed away to a 50 m win over Goldsmiths, but the order was reversed in the 4 × 400 m with Guy's finishing 2nd (well done Liz!). Elli Elson won the discus (possibly more amusing than Paul and Warwick in the walk!).

The presentation of medals and trophies for the events will be on Wednesday 26 April at 8 pm in the ULU Building, Malet Street. Anyone is welcome.

The United Hospitals Cup is on Wednesday 24 May starting at 6 pm. Anyone who's interested in competing should contact Elli Elson (Extn 3238) or Justin Simms. Watch the noticeboard for more details.

Elli Elson (Captain)

RUGBY CLUB

Guy's Hospital 1st XV v Gosport 25 February 1989

The conditions for this crucial league match were appalling. Biting wind and unceasing rain provided little opportunity for open rugby, but did afford Graham Bevan a neat excuse for the one-handed, dropped-pass technique that he has been perfecting all season. For the rest of the pack, hypothermia and the knowledge that they would never father a child was enough to make them wonder what they were doing there in the first place. However, nothing short of a win was needed if Guy's were to be certain of escape from the ever-expanding relegation zone of Division 3; next year, it is rumoured, they are not going to bother with relegation but just swap leagues *en*

'Roy' (minus his Rovers) takes a breather during the game. (*Photo:* **Tara Marks**)

masse. Gosport were in a much more precarious position than Guy's and victory for them was imperative if they were to stay in the league, and they took to the field fired with determination. This manifested itself in the early minutes with the inedifying spectacle of a Gosport second row forward running the width of the pitch to punch Charlie Beardmore on the chin, an understandable motivation on the face of it, but, unfortunately, against the law. He should have been sent off, especially as the referee, who otherwise had a superb game, was right on the spot.

The opening minutes set the pattern for the rest of the game. The backs tried to run the ball but the conditions meant that possession was slow coming out of the set-piece. With the opposition coming up swiftly in defence, numb fingers and a slippery ball contrived to destroy any fluency of handling. This was wisely given up as a bad idea and ten-man-rugby became the order of the day. Neill Davies, at fly-half, tried his best to allow running rugby by not finding touch and allowing them to run back at us, but even this attempt at spectacle failed due to the ineptitude of the opposition's return kicks and the ferocity of Guy's tackling in which the back-row excelled. From then on the pack took the game on, mauling, rolling and sucking in the opposition pack before setting up Jim Boothroyd or Simon Kiwi on another charging run. With Charlie Beardmore prominent in orchestrating the moves and Wayne Llewellyn, at scrum-half, chipping wisely. Guys produced a forward momentum which gradually sapped Gosport's strength.

The first half resulted in a solitary penalty for Guys, although they had the strong wind on their side, but team turned round feeling confident that perseverance would bring its just rewards. Predictably, Gosport began the second-half strongly, but this pressure was admirably absorbed by Guys and the pack, with Ben Stanhope showing particularly well in the loose and thus making up for the fact that no one was quite sure what he was doing in the tight, began to take control. However, time and time again indiscipline meant that good scoring positions were thrown away because of silly penalty offences. Meanwhile, the backs out in the barren marshland of the centre, by now all hermaphrodites to a man, were getting increasingly frustrated by the lack of ball. However, with Neil Davies beginning to play with a panache and wisdom which belied the fact that he gave me a hospital pass for which I'll never forgive him, the feeling was that it was only a matter of time before we scored.

The crucial score came with about fifteen minutes to go. Charlie Beardmore gathered the ball on the opposition's 22 metre line, feinted at a pass but instead made a dash for the line. Gerraint Thomason and Kiwi added their considerable weight and Charlie scored just to the left of the posts. Wayne added the conversion and Guys were 9 – 0 ahead, a lead that realistically counted for double in the conditions.

The pack then took complete control and even in the line-outs where they had to contend with Ben's bizarre throwing-in and Gerraint's 'why-lift-both-feet-off-the-ground-when-a-reach-will-do' jumping technique as well as the opposition, a fair amount of possession began to be assured. Still the silly penalty offences continued and Guys were fortunate that Gosport did not have a capable kicker in the circumstances (remember Dunstonians!). However, these were the only black marks on an otherwise very capable and mature performance by the pack and Guy's

ran off, in fact sprinted straight off to the bath, very worthy winners.

BOAT CLUB

The Winter Heads
UH Head

Now in its second year, the UH head is the first race of the spring term. Guy's, organizing the race for the second time, fielded three crews — two men's VIII's and a ladies' VIII. Disappointingly, several hospitals failed to produce any crews at all for the race, so the entry was rather small. St Thomas's, last year's winners, were conspicuous by their absence from the men's division.

Otherwise the race ran smoothly with the tide changing in the nick of time. The London Hospital took the major honours, winning three of the divisions. Guy's first VIII came in nine seconds behind the London in the men's open. The crew put in a gutsy performance and beat the more polished Bart's crew by seven seconds.

The Guy's men's novice eight, a crew made almost entirely from first year students, collected the pots for their division, but where was the opposition? The Ladies' VIII was beaten into third place by more experienced crews from the London and St Thomas's but providing they can get the necessary commitment and coaching they will soon have the beating of them.

Special thanks go to Michael Gleeson, Donald Bompas, James Mansie, Fred Moorehouse, Alec Hodges and Stephen Andrews who organized the marshalling and running of the event, and to the St Martin's group of Hospitals which provided sponsorship for the race.

The Reading University Head

A win for Guy's novices

The day started on a disastrous note, when we found our boat trailer had a completely disintegrated tyre. We ended up with two hours in which to load our boats onto a borrowed trailer, get to Reading and then reassemble them. We managed it with minutes to spare.

We had much the same three crews as in the UH head, the men's first VIII with a change of cox having persuaded Charlie Hardingham to come out of retirement (several stones heavier by the look of it).

All three crews had a good race. The men's first VIII were pushed all the way by a good (though considerably younger) school crew behind. It was probably thanks to this pressure and the concentration and effort from all nine people in the boat that gave a Guy's men's VIII their first ARA win in a number of years.

Abingdon Small Boats Head

At the beginning of the term Guy's entered a coxless pair in the Abingdon head, keen to follow up our success in the UH and UL regattas. Abingdon is not a large regatta and Guy's won the senior III with over a two-minute margin — an encouraging victory.

Crews

Mens 1st VIII

D Pullan
D Quick
A Williams
M Butcher
S Pryke
J Rose
C Peebles
J Crossman
cox E Read-Ward
C Hardingham

Mens 2nd VIII

T Spires
R Pringle
A Black
M Patel
M Seccombe
M Giles
P Smith
S Pitt
T Jacobson
cox Jane

Ladies VIII

Helen Gledhill
Rhian Beek
Clare Bates
Sushmi Choksi
Ellie Makings
Stephanie Tolputt
Sue Bunn
Carmel Gleeson
cox Andy Klein

Pair

D Pullan
D Quick

David Pirch

Hospital Information

CHANGE OF ADDRESS

GAIN, Dr Robin and Mrs Edna, to 'Minstead', Red Lion Lane, Sarratt, Herts, WD3 6BW. Tel 09277 68762.

GILL, Dr David, to 87 Church Terrace, Walkerville, South Australia 5081.

MAULE, Dr and Mrs L C, to 12 Belmore Road, Lymington, Hampshire, SO41 9NT.

DEATHS

TWEDDLE, Pauline Betty (nee Luker). Died suddenly and unexpectedly at home on 10 February. Matron's Office 1943 – 47. Qualified DSA in 1947.

GUY'S HOSPITAL GAZETTE

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The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

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Front cover photograph by Ron Simon

MAY 1989 VOLUME 103 **NUMBER 2392**
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Guy's Hospital Gazette, Boland House, London SE1 9RT

Guy's Hospital Gazette Prints

The *Gazette* has produced full-size photo-facsimiles of five pen and ink drawings by Hanslip Fletcher of Guy's Hospital and its environs, on matt-finish high quality paper suitable for framing. These are shown on the next five pages. Prices include postage and packing.

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The Main Entrance, 1946	**Size 15″ × 12″**	**£7.00**
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Passim

What's wrong with the idea of doctors being able to advertise their services to the public? It seems likely that the GMC will be forced, by the Office of Fair Trading, to relax its guidelines so as to permit advertising, following a recent recommendation by the Monopolies and Mergers Commission. But if this happens it will be in the face of considerable protest from the BMA, which sees the proposals as putting the public at risk.

The BMA's argument is that patients are uniquely vulnerable to misleading claims by advertisers; that it will prove impossible adequately to police doctors' advertising; and that therefore the unscrupulous will have a field day at the expense of the more honest. This stance suggests that the BMA holds three groups of people in low esteem. First are the patients, who are apparently unable to tell the difference between a sharp operator and a genuine, caring doctor. Second is the GMC, which by implication will be ineffectual in enforcing its guidelines to doctors. Finally, and most surprisingly, come the doctors themselves, a proportion of whom are, in the BMA's view, so lacking in moral principles that they will begin ruthlessly to poach patients from one another the moment the guidelines are relaxed. As someone who has been a patient and who hopes one day to be a doctor, I find this attitude dismaying.

What have doctors and their patients to fear from the proposals of the Monopolies and Mergers Commission? Briefly, the MMC is proposing that GPs should be free to advertise, subject to certain constraints. These include that a doctor's advertising should not: bring the profession into disrepute, exploit the trust or ignorance of patients, disparage or make claims of superiority over other doctors, or claim to cure particular complaints. In addition, of course, it should be 'legal, decent, honest and truthful'. I take this to mean that a GP might, for example, be able to advertise the names and qualifications of the members (medical and other) of his practice team, the details of any special clinics run, the average wait for an appointment, the list sizes, and so on. As long as this change is linked with the ability to change one's GP freely when one wishes, I think it can only be of considerable benefit to patients, because above all it will be offering them a more informed choice of doctor. Some may prefer to stay with a busy doctor, who has a large list, because they feel they are getting good treatment. Others may prefer

a doctor with a smaller list who is easier to see and who is happy to do home visits. (Incidentally, this is why people who suggest that one effect of the White Paper will be to generate excessive list sizes are missing the point: doctors with small lists will be able—provided the rest of the services they provide are adequate—to use this very fact as an attraction to patients.)

Many critics will make the valid objection that what is being offered is not a genuinely informed choice, because a patient cannot assess his GP's medical competence. That has always been true, however, and will probably always remain so. The fact that getting a good GP is something of a lottery does not make it any less important for you to be able to see him within a reasonable period of time, in surroundings in which you feel comfortable. Neither does it lessen the importance of him or her being approachable, sympathetic and communicative when you get there—not qualities which GPs will be able to advertise, but then this is where the freedom to change your doctor comes in.

If the BMA is right, and many doctors rush to abuse their newly won privileges, will the system curb their excesses? Surely it will be a simple matter for one GP—or a member of the public—to report another who seems to be straying from the guidelines. Since the profession polices itself in other respects, it can do so in this. I also submit that most people have an idea of the behaviour they would consider appropriate and proper in a doctor, and that it would be counterproductive for a GP to advertise his services in a manner which went outside this conception. To choose an example from a different profession, I have not noticed a rush among accountants to offer 'book-cooking' services since their advertising restrictions were relaxed.

Doctors and medical students have every reason to be highly mistrustful of Mrs Thatcher, but factual advertising by the medical profession is one subject on which she is pursuing the right line.

An apology

In last month's review of the Theatre Club production of the musical *Jesus Christ Superstar*, we omitted to mention the contribution of Rachel Gray, the musical director. This oversight has been pointed out by several readers, who have paid tribute to the enormous amount of work put in by Rachel to make the production musically so successful. We would like to apologise for our omission, and to acknowledge within these pages Rachel Gray's marvellous achievement.

In this issue

Dr M StG Wheeley has written to the Editor with an alternative derivation for the term *gauleiter*, though it seems unlikely that his will be accepted as the definitive version of the term's origin.

Mark Slade and Ron Simon visited the MDU, to find it run almost exclusively by old Guy's men and women. Our art correspondent found a high standard of exhibits at the 407 Art Club Easter exhibition. The Advanced Communications Course, an important innovation in the new clinical curriculum, was run for the first time in early April. You can find out Mark Slade's reaction to it on p 160.

Now is the time of year when many second-year students will be considering whether or not to take a year out to gain a BSc. Martin Sadler interviewed three BSc students and found that they enjoyed their courses, although a BSc turned out to be far from a holiday.

Sue de Monas is beginning to panic about her exams, but that hasn't prevented her from offering advice to her colleagues on p 169.

One hundred years ago

From Guy's Hospital Gazette, 5th January, 1889.

'At a considerable depth below the surface, in the College site, the workmen came across what was possibly an old drain, a bricked passage, ten feet in vertical diameter. Some five or six thousand bullock horns were unearthed, forming a rather extraordinary treasure trove with an unexplained history. But of actual "finds" in an antiquarian sense there have been practically none. A solitary little bottle of green glass, veined with yellow, and obviously ancient, together with a piece of broken pottery, the pattern on which would convince the most unbelieving critic of its antiquity, are all there are to show. In addition, some old clay tobacco pipes were discovered, with very small bowls and very thick stems, identical in pattern with some unearthed in the Hospital grounds the other day. There is little doubt that these belong to the time of the commonwealth, and are probably relics of a military encampment which is known to have existed here in those days.'

Correspondence

The Spit fights back

Dear Sir

There follows a heart-rending cry of anguish in reply to the tirade of insults that rained down upon us in the last issue of the *Gazette* (April 1989).

How could those spoilt young men whine so bitterly? The so-called students lounge there for hour after hour barely grunting when we clear away yet another overflowing ashtray. We slave for a salary of peanuts and they wallow in their chairs and call us lazy! What do they expect? Caviar and smoked salmon served on silver platters? Bollinger sipped from a crystal glass? Perhaps they would like us to replace our radio with a string quartet.

We would like to point out that, in a recent government survey of hospital canteens, the Spit was very highly placed, receiving commendations for the value and quality of its bill of fare. Our staff all undergo a rigorous and comprehensive training schedule.

At five o'clock when the Hooray Harolds and the Yuppings drift down to the bar, we have to return home and cook for our families.

Yours faithfully

THE SPIT LADIES

Winner of the £5 letter of the month page.

Gauleiter—a mystery solved

Dear Sir,

The etymological origin of the English word *gauleiter* is lost in the mists of antiquity. It was taken to Germany in the 1930s by a German medical student, Hermann Joachim Schmidt, following an elective period at Guy's. On his return home, he met an acquaintance in the government who was trying to invent a title for an officious local chief. Schmidt offered the suggestion, which was accepted.

Yours faithfully,

DR M StG WHEELEY,
"Five Farthings",
Manor Crescent,
Seer Green,
Beaconsfield,
Bucks,
HP9 2QX

News in Brief

Council of the College of Anaesthetists

Congratulations to Professor Anthony P Adams, UMDS professor of anaesthetics, on his election to the Council of the College of Anaesthetists (formerly the Faculty of Anaesthetists of the Royal College of Surgeons of England). Dr Archibald D Marston of Guy's Hospital was the first dean when the faculty was founded in 1949 but no further anaesthetists working at Guy's served on the board of faculty. It augurs well that Professor Adams was elected at the first opportunity to the new council with a tremendous personal vote and we wish him every success.

Mary Dunhill Chair of Cutaneous Medicine

The Dunhill Medical Trust, who are very good friends of the medical school and the department of dermatology in particular, will give £1 million spread over three years, to endow a chair of dermatology, under the name given above. I am happy to be able to announce that we very recently appointed the first professor of dermatology here at Guy's and he will be taking up the appointment on the 1 October this year. His name is Dr R J Hay, he is a Guy's man at St John's Hospital for Diseases of the Skin. We wish him every success.

R S Wells

Guy's to apply to opt out

The management board of Guy's has taken the decision to apply to opt out from health authority control under the provisions of the government's white paper, Working for Patients. A number of anxieties remain concerning self-governing status, however, and the board would like to see these answered before any firm commitment is made.

Interdepartmental swimming gala

This will take place in the Orchard Lisle swimming pool on 11 May. Nurses who wish to swim should contact Zöe Jayne via Astley Cooper, or the staff squash courts. Medical students should contact Alan Whelan, dentists Steve Thomas, and physiotherapists please get in touch with Wayne in the swimming pool. There will be drinks and a buffet afterwards.

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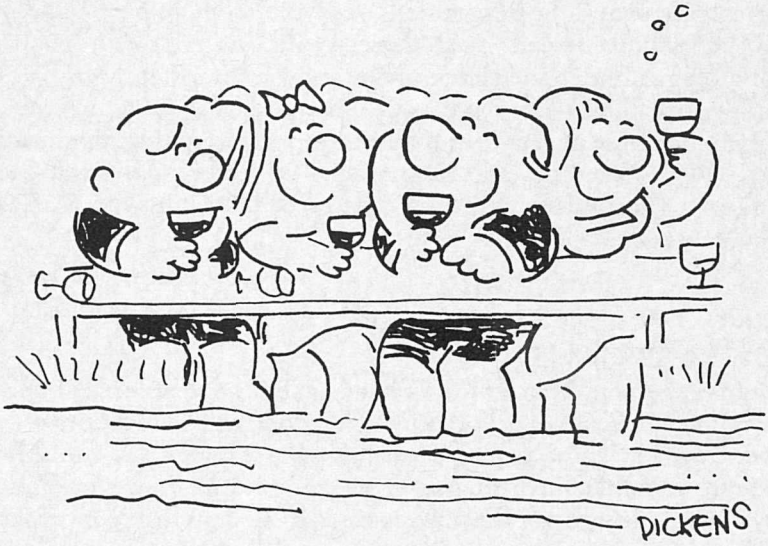

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In-patient rehabilitation unit

At the suggestion of Professor Hughes, a working party is to consider the setting-up of a stroke rehabilitation unit at Guy's.

New switchboard

The new switchboard has now gone live, although as the *Gazette* goes to press the old telephones are still in place alongside the new ones. Because the *Gazette* has not been privileged to be given a new extension, we are cut off from all the new extension numbers, as well as from all out-of-London subscribers. The Editor and the *Gazette* staff would like to apologize for any inconvenience that this causes our readers or subscribers.

The Riverside Ball, Hays Galleria

This grand extravaganza is to be held to raise money for the Guy's Hospital Ultrasound Scanner Appeal. Following the huge success of last year's Riverside Ball, which many readers will remember, this year's is set to be an even bigger and better event, with an expected attendance of 800 from the hospital, local community and City.

Thanks to the generosity of St Martin's Property Corporation, we have the use of the Hays Galleria, a wonderful setting for a ball. Weather permitting, it affords a lovely view of the Thames, which will be host to several tall ships at the time of the ball. It should be quite a spectacle.

The evening will start with a champagne reception, followed by dinner with wine. Then we will have a gala including casinos and a grand draw, both with superb prizes, a marching band, jazz band and disco, plus street entertainers. As a grand finale, a fireworks display will be held over the river.

Prices are £50 single, £95 double, or £45 if you book before 31 May. Please contact the Department of Obstetrics, 2nd Floor, New Guy's House or call our new number—955 5000 ext 5586.

Rachel Cripps

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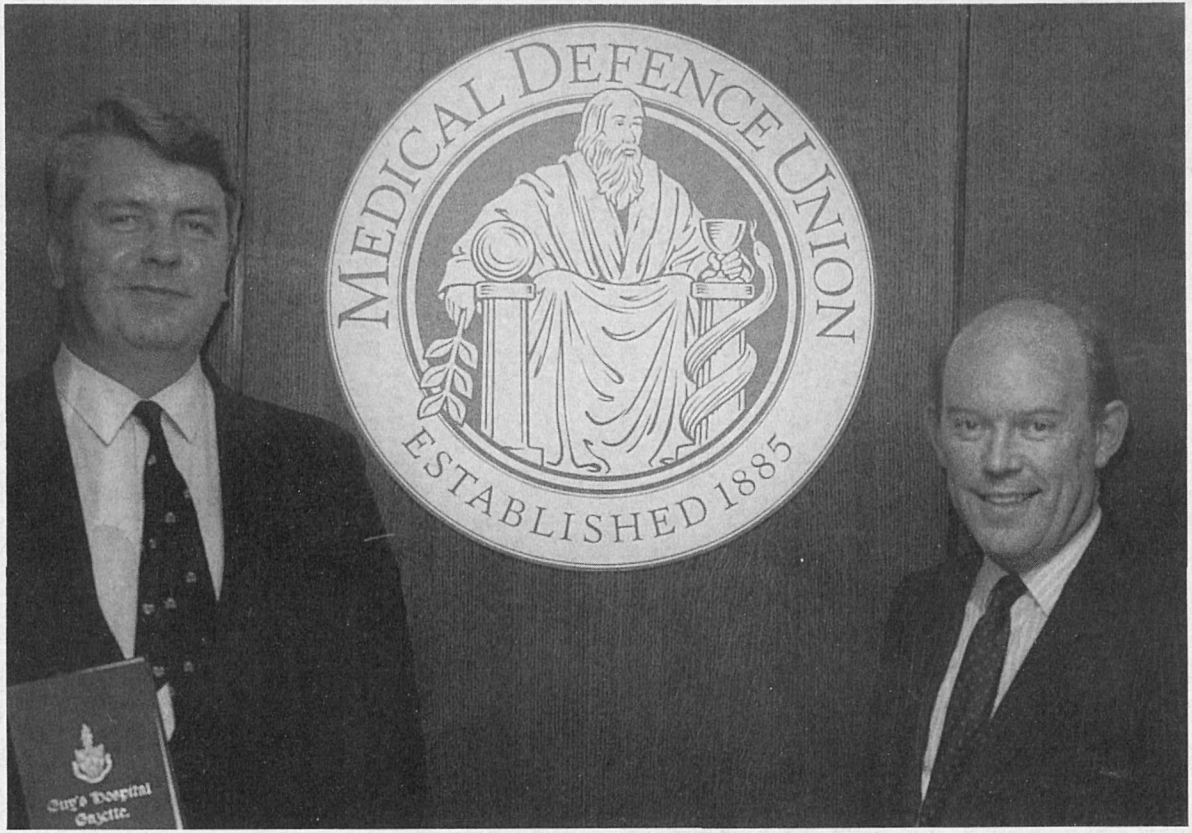

John Wall *(left)* **and Peter Swiss** (*Photo:* **Ron Simon**)

The State of the Union — An interview with Dr John Wall and Mr Peter Swiss of the MDU

by Mark Slade

There can be few, if any, readers of the *Guy's Gazette* who have never heard of the Medical Defence Union. Founded in 1885, the MDU represents the interests of over 100,000 doctors and dentists, and has offices in London, Manchester, Sydney and Tel Aviv. Not only does it offer advice and legal help to its practising members, but it is a regular and generous supporter of student medical activities. What many of our readers will not know, however, is the extent to which the MDU is run by old Guy's men and women. The new secretary, John Wall, trained at Guy's, as did deputy secretary, Kate Allsopp, and dental secretary, Peter Swiss. John Wall is an ex-editor of the *Gazette*, and he kindly invited Ron Simon and me to join the Guy's triumvirate for lunch at the MDU's head office in Devonshire Place.

These are interesting times for anyone offering professional indemnity to doctors and dentists. I suggested that an increasingly litigious public, a move towards differential subscription rates from their principal competitior, and the suggestion of a government-run, 'no-fault' compensation scheme must give John Wall plenty to think about.

'You must remember that we don't simply offer professional indemnity to our members. It is true that that part of our service accounts for 90% of the members' subscriptions, but in fact litigation makes up only 10% of the workload. We spend 90% of the time answering medico-legal and other enquiries from our members. So a no-fault compensation scheme would do nothing to affect the bulk of our work, although it would have a dramatic impact on the level of subscriptions. In fact, however, David Mellor made it fairly clear, in a meeting with consultants at BMA House recently, that they needn't worry about no-fault schemes, because they "ain't gonna happen".'

'We don't believe in differential subscriptions for doctors in different risk groups. Our view is that doctors ought to pay a common subscription, in order that good people are not discouraged from entering high-risk specialties like obstetrics. Otherwise we might get

to the stage, as has happened in America, where patients would have to promise not to sue their obstetrician before they could be treated. This is basically what has happened now in Florida — they're so short of obstetricians that they have to take drastic steps to protect them'.

'Although the Medical Protection Society is in favour of differential subscriptions, at least as a means of discouraging competition from commercial insurance companies, we think that the threat of low-risk doctors being poached by the commercial sector has been exaggerated, since none of the commercial companies has yet been licensed to offer professional indemnity to doctors.'

One can see why insurance companies might be interested in the medical market. The MDU's members contribute over £100 million per annum to its coffers, at an individual subscription rate of around £1,300. Keeping control of the money involves Dr Wall in several meetings with a whole battery of financial advisers — actuaries, stockbrokers and accountants, which must be quite a different sort of activity from clinical medicine.

John Wall joined the MDU in the 1960s, after house-jobs and a three-year stint as a GP. He came to Guy's in 1953, when it was still possible to enter as an arts student — he recalled having sat a paper with 'Guy's Hospital' written at the top, but filled with questions about Chaucer and Shakespeare. As a final-year student, and later as a houseman, he edited the *Gazette*, which for a number of issues in 1959 appeared simply as a four-page single sheet, having been caught up in an industrial dispute. During lunch he kept a bound copy of the 1959 *Gazette* at his side, to which he would periodically turn for material to illustrate a particular anecdote.

A job offer from the MDU seemed an attractive alternative to his GP's salary, so he thought he would give it a try, and has remained, working his way up through the ranks, ever since. One of his coups while there has been to negotiate a contract for the Union to represent doctors in Israel, where the service that the MDU offers its members has not gone unnoticed.

Peter Swiss studied dentistry at Guy's from 1961–66. His house jobs were followed by fourteen years of general practice, during which time he also held a part-time clinical assistant post in prosthetics at the dental school. He was finally lured to the MDU in 1982, where he is now one of the four dental secretaries. In addition to his more formal duties he has also starred in some MDU films.

Guy's Hospital Gazette

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Hastings Beach, by Catherine Cole

407 ART CLUB

Easter Exhibition March 20–22 1989

by our art correspondent

The changed venue from Hunt's House to the seventeenth floor of the Tower did not deter visitors. Indeed, thanks to some strenuous poster distribution by the artists the show was unusually well attended. The seminar room has several advantages — the light, the decor and the hanging rail built by Donald Bompas eight years ago. It has one disadvantage, namely the panorama on a good day. On this occasion though, the vista through the window met the most severe competition — the display of pictures by Anne Harris and Catherine Cole was outstanding. Their quality and presentation attracted almost a record number of sales and commissions.

Both painters favoured landscapes and their styles were complementary. Anne Harris showed only watercolours whereas Catherine Cole also displayed work performed in oils, charcoal and pastels or combinations of watercolours and charcoal. The pictures

of the former were in general delicate, flat washes relying much on the paper to convey light and space. Those of the latter were more sombre with moulded shapes. The styles suited the scenes because while Anne painted Mediterranean or other sun-filled views, Catherine favoured the moisture of the Kent and Sussex Coast and Downs.

Each artist contributed about 20 pictures so it is not possible to dwell on every item. I liked Anne's *Fall Ontario* in which foliage formed a striking jigsaw-like appearance. Her *Chapel* was an almost abstract use of pale colour and *Santorini* an eye-catching church cupola at one end of a valley. The lasting impression was of stippled green trees, muted blue shadows and alien light.

Catherine's pictures had a sure commercial quality. The confident swirling strokes with which even watercolour was applied gave solidity to the hills, buildings, boats and beaches. I enjoyed much of her work including *Storm Cloud Over Falmer Down*, a skilful and nostalgic oil; *Alfriston Church*, an idiosyncratic interpretation of a very ancient building and her pastel study of *Hastings Beach*, a reproduction of which is shown.

The success of this show is encouraging. One hopes that successive exhibitions will attract an increasing number of visitors from among students and staff at Guy's. Another is planned for the summer and notice will be given in these pages. Potential exhibitors should contact Dr T Gibson, department of rheumatology, ext 2424.

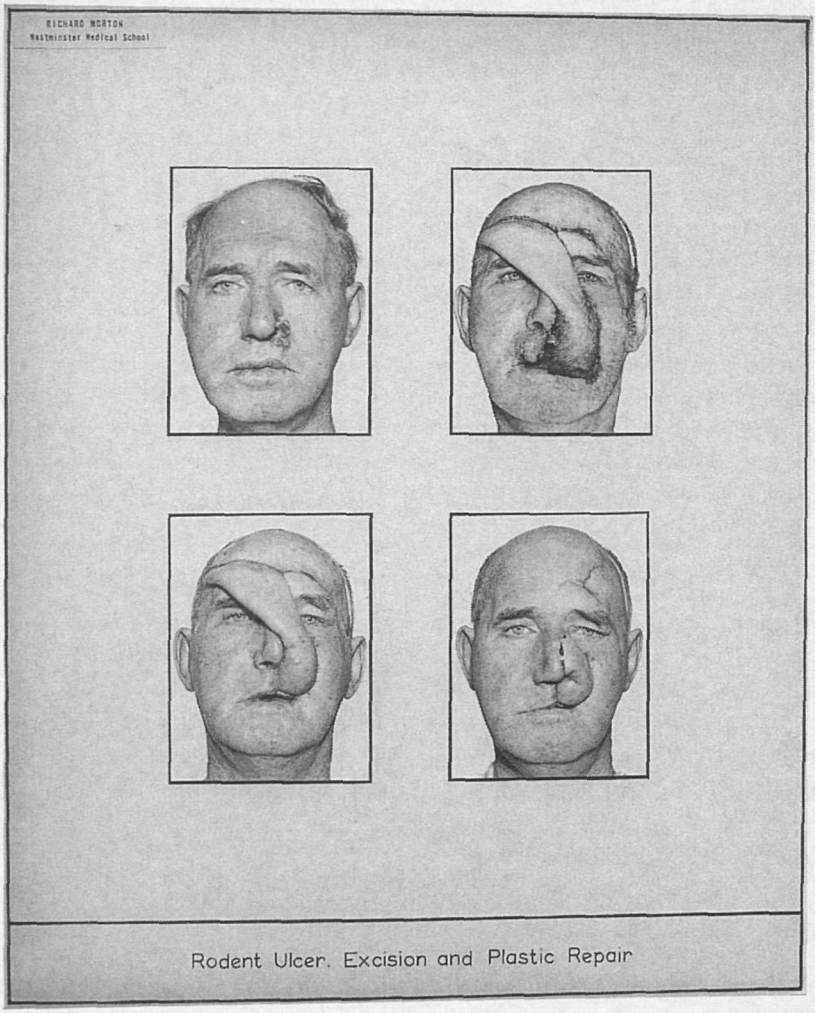
Copy for the *Gazette*

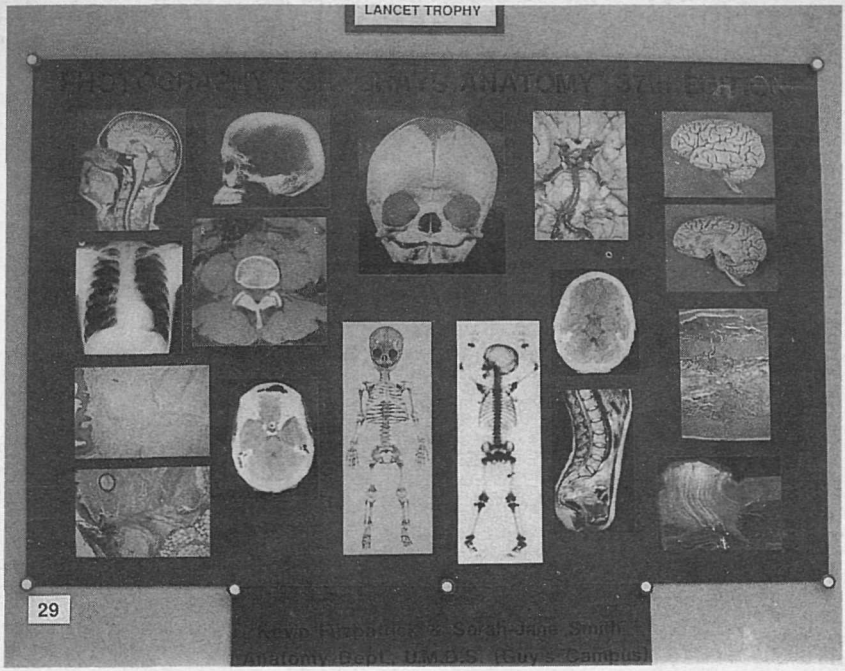
If you would like to contribute a letter or article to the *Gazette*, please send it to the Editor, at Boland House, Guy's Hospital, London SE1 9RT. Copy should be double spaced, and typewritten if possible. To avoid confusion, please indicate whether letters are intended for publication.

Copy dates for the next two issues are Monday 8 May, for June publication, and Monday 5 June, for the July issue.

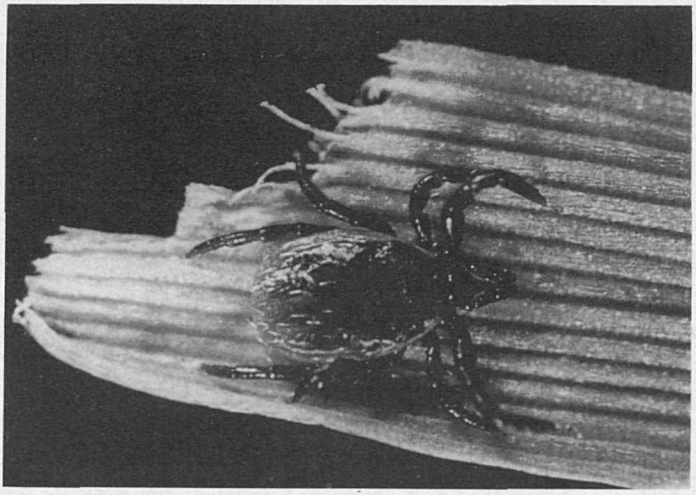
The Royal Photographic Society Medical Group Exhibition, Gordon Museum

This exhibition was held recently in the Gordon Museum. We sent photographer Ron Simon along to snap his selection of the exhibits. The photo below is from the archival category, and is dated c 1955.

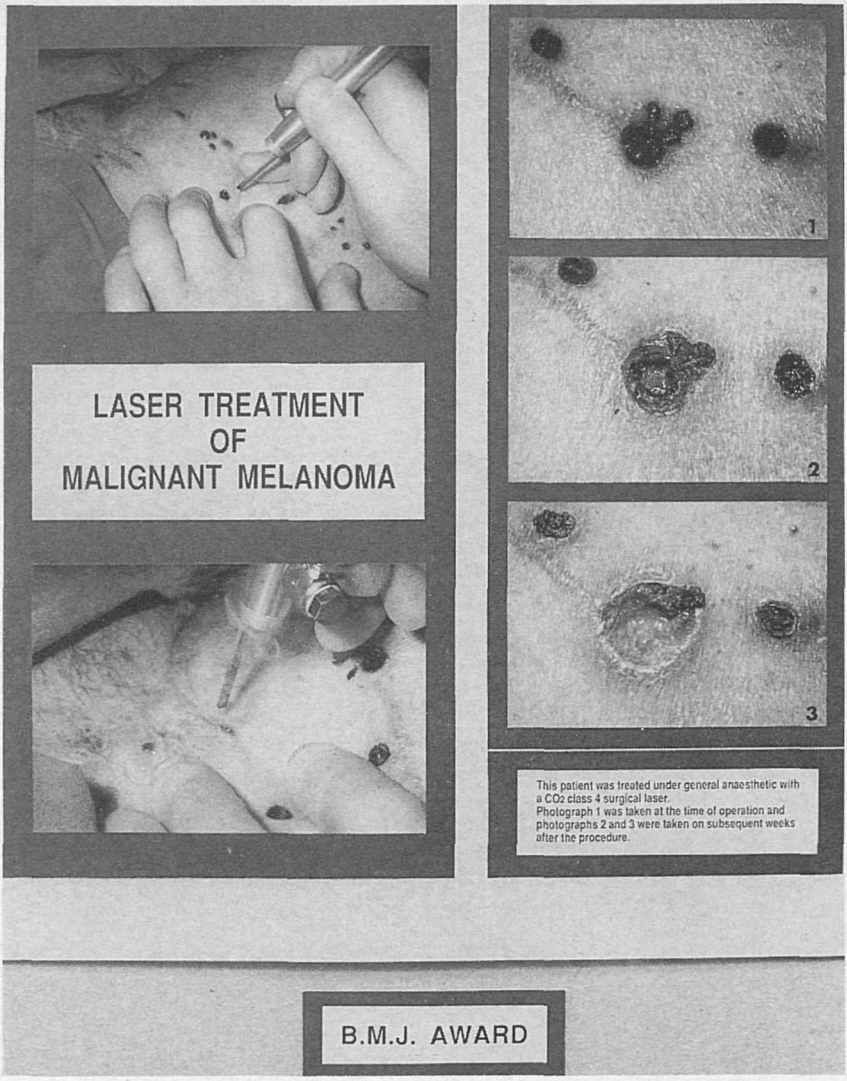




Above: **winners of the Lancet Trophy, Kevin Fitzpatrick and Sarah Jane Smith, entered a montage of pictures for** *Gray's Anatomy.* **The picture below is by Marian Hudson of Charing Cross.**



Adult female tick (live) on a blade of grass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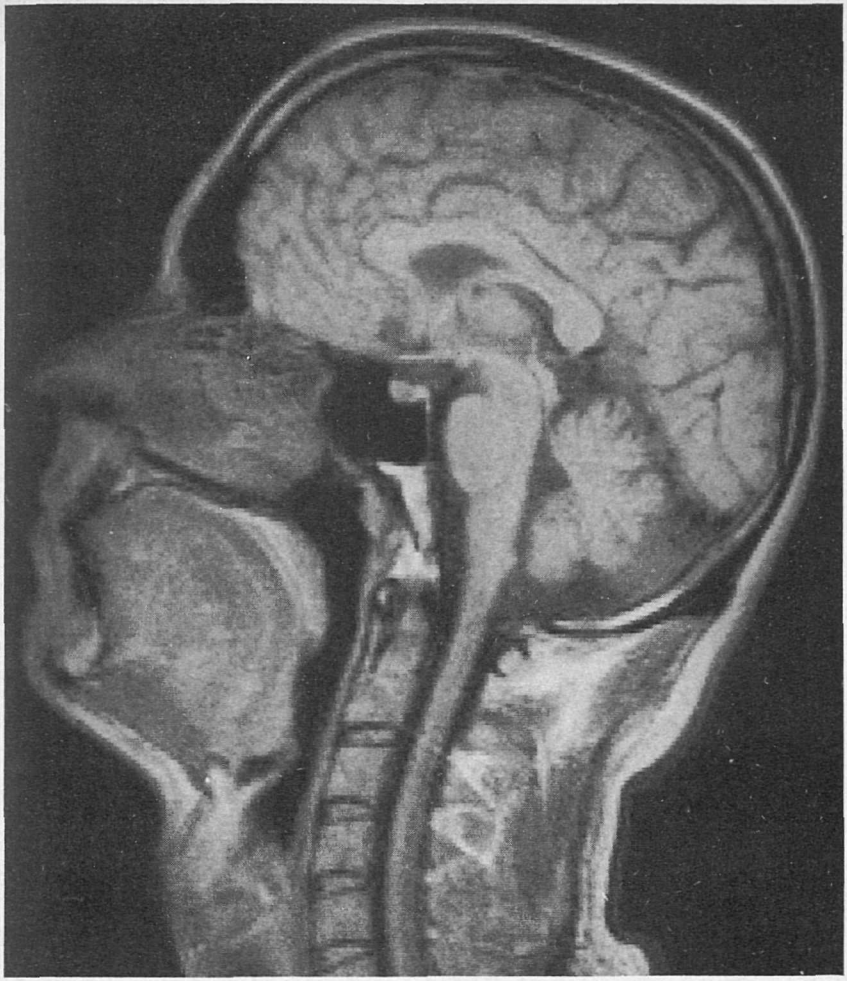
MALIGNANT MELANOMA
1
2
3
This patient was treated under general anaesthetic with a CO_2 class 4 surgical laser.
Photograph 1 was taken at the time of operation and photographs 2 and 3 were taken on subsequent weeks after the procedure.
B.M.J. AWARD

Above: winner of the BMJ Award, Bryan Pereira, from the Charing Cross and Westminster Medical School, entered this photo of the laser treatment of malignant melanoma. *Opposite:* a nuclear magnetic resonance scan of a human head, entered by Kevin Fitzpatrick as part of the winning Lancet Trophy entry.



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The Advanced Communications Course

Mark Slade reports on one of the innovations of the new clinical curriculum.

In April, UMDS became the first London medical school to organize a course devoted to improving students' communications skills. The 'Advanced' Communications Course (so named because, in theory, we had studied 'introductory' communications skills in psychology and sociology in the second year) was held at St Thomas's from 3–7 April.

The course began well. Having found our way through the extensive corridors of St Thomas's to the Prideaux lecture theatre, we were handed a comprehensive information pack, which helpfully included a map of how to find the Prideaux lecture theatre. Perhaps the motto of all good communicators is 'Don't do as I do, do as I say'.

I associate 'communication skills' with images of two rather different groups of people. The first is young men and women in natty suits, with suntans and designer glasses, who talk about 'impact' and 'brand awareness' and who are paid far too much money by people like Maurice and Charles Saatchi. The second is the wholewheat muesli group, dressed in baggy jumpers with strategically placed holes, who are very keen on things like 'empathy' and 'personal space'.

I began to think we were in for a course of the high-tech exec kind when I read the first sentence of our handout, which went as follows: 'The advanced communication course has now taken shape and I am enabling the programme for information'. (A bottle of wine goes to the first *Gazette* reader to offer an accurate English translation.) This impression was strengthened when the course coordinator, Dr Bernie Rosen, addressed us wearing the sort of pink spotted tie that goes down well in the account planning departments in WC2. A quick glance at the enabled programme for Day 1, however, showed that the whole of it was devoted to improving our listening and observing skills. To do this we would split up into groups of eight students (we were 48 in all), and work with a 'facilitator', who would help us 'share' our views with one another, all of which seemed to be shifting the emphasis firmly back towards the yogurt-weaving end of the spectrum.

Before we could get down to business, we had to split into six equally sized groups. If you ask two hundred screaming five-year-olds in a school playground to do this it takes about 20 seconds, but after Dr Rosen's third attempt had crashed back into the launch pad it was left to facilitator Duncan Johnson to come up with the revolutionary suggestion of allocating each student a group number between one and six. He continued to do this, in sequence, until he had been round the whole group. By then, of course, one or two of us near the beginning of the sequence had forgotten our numbers, but then there wouldn't be much point in spending a whole day learning listening skills if one were perfect at it to start with, would there?

Learning to listen

Each group went with its facilitator to a separate room, where the course began in earnest. Our first task was carried out in pairs. In brief, person A had to tell person B what he thought the skills of a good listener were, and what weaknesses he thought he had in that respect. Person B had then to report back to person A what he thought A had said the skills of good listening were, and how he felt when A was talking to him. A had then to say how he thought he had been listened to, and how well he had come across. In each case the listening student had to try to be a 'good' listener by looking at the speaker, offering encouragement and stifling any yawns.

Our group was accompanied by a charming GP called Doris Young, who is a born facilitator if ever I saw one. She managed to put across the complex instructions with admirable clarity, and set us off before we could nurture our stage-fright. The session was by no means as stilted or as ear-reddening as one might imagine, and it served to break the ice.

We then returned to the lecture theatre for a plenary discussion of our thoughts arising from the session. I was quite excited when Dr Rosen said that an observation I had made had 'resonated' with his own experience. In fact, during the course of the discussion he resonated so much that his pink spotted tie worked loose from the waistband of his trousers, into which it had previously been tucked.

Role playing

The afternoon brought our first exposure to role-playing sessions. In these, which took place throughout the course, we were expected to interview an actor in front of the rest of our group. In keeping with the theme of Day 1, the first afternoon's role-plays were concerned

with eliciting a history from the actor. This we did in three twenty-minute sessions, in which the actor presented with different complaints. The actors were so good that any artificiality in the situation became irrelevant, as one became engrossed in the interviewing task in hand.

Day 2 was much more my cup of tea — talking skills. The format was similar to that for the first day, except that during the role plays, when we had to practise giving information, the actors had been briefed to play a series of 'difficult' patients. I was lucky to be given a relatively straightforward job — persuading a mildly depressed diabetic that he ought to keep taking the injections. One of my friends, however, nearly came to blows with the same actor when he was playing 'Mr Angry'. The sessions were not only highly entertaining, they made one think about the best way of imparting particular information in difficult circumstances.

Handling a difficult situation

On the third day we were fortunate to have a good session on fatal illness and dying, led by Dr Amanda Ramirez, who has worked with patients with breast cancer. Although the morning's discussions were somewhat repetitive of material we had already covered in term six, the afternoon's role playing was unforgettable. One girl from our group, Sophie, had to tell a husband that his 37-year-old wife, who he had come to visit, had in fact unexpectedly died. This represented a break from the official programme, and had been cooked up by our new facilitator, Dr Adrian Timothy, and Clem, our actor, over the tea break. As the rest of us squirmed, and thanked heaven that we hadn't volunteered for that particular exercise, Sophie had to endure a torrent of abuse from Clem, who had 'flipped' when she broke the news. Clem's whole performance was wonderful. This scenario will probably seem quite routine to most qualified doctors, but to us it was immensely valuable, as an opportunity to consider how we will react when we first have to tackle such a situation for real. The power of the role-play technique is that it provides one with vivid, highly memorable examples of the sorts of situation with which one will have to learn to deal. I feel that I will be able to replay that afternoon's scene in my mind whenever I want to consider the problem of breaking bad news — I'm sure it can't be as useful as genuine experience, but it's worth a hundred lectures.

The fourth day was a day of contrasts. In the morning we tackled medical ethics. Our tutor, Dr Graham Clayden from St Thomas's, chose to approach the subject by presenting us with a series of eight ethical dilemmas. For each we had to supply a yes or no answer to whether we should proceed with a stated course of action. Among the topics covered were truth-telling, autonomy and confidentiality. We discussed our answers together in small groups, before reviewing them in a plenary session. By my own marking I managed to score 100% in this 'MCQ', although a number of other students seemed to find it surprisingly difficult to get the right answers.

Playing for money

But it was in the afternoon that the real fun started. Dr Clayden had devised for us a 'resource management game', in which we split up into teams, with each team running a mini-hospital. We were able to buy and sell (sorry, refer) patients, pathology services and x-ray facilities from one another, the aim being to treat as many patients as one could in the available time, for the minimum expenditure. In order to treat a patient, all of his/her paperwork, from x-ray form to discharge letter, had to be completed. My team worked very hard and fairly efficiently and came almost last. We were beaten by, among others, a team who seemed to be able to make a fantastic

Guy's Hospital — 250 years

Have you ever wanted to know more about the history of Guy's? What was student life like in the nineteenth century medical school? What happened in the Residents' Plays of the forties and fifties? How about nursing, midwifery, the Wills Library? Or the early days of X-rays?

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amount of money while doing very little. Perhaps they had diversified into organ transplantation. As their prize they each received an Operation Voucher, entitling them to a free hip replacement under local anaesthetic. Incidentally, I wonder what *Gazette* readers, who trained at Guy's before the days of resource management, make of the idea of teaching medical students in this way.

Friday was devoted to sexual counselling. Surprisingly, for such a saleable topic, the session was poorly attended. I think a possible explanation might have been that the sessions were very exhausting, and people may have had enough by then. In the morning we discussed a series of video vignettes, showing a counsellor interviewing one or more patients with sexual problems. The afternoon was once more devoted to role play, with the roles of the patients being taken by both actors and members of the psychiatry department (at which point it would be tempting to make an uncharitable remark about being unable to tell the difference, but I'm much too worried about my sign-up). My interview involved two lesbians and a sexually transmitted disease. Not only did I not see the elephant-sized trap waiting for me, but I then proceeded to wiggle around on the spike for good measure. It was quite a chastening experience.

And so the course came to an end. I think that even the most cynical among us had found it very valuable. Dr Rosen had the unenviable prospect of being rewarded for his diligence with a request that he should try to organize one such course for us each year during our clinical training. I do hope that it may be possible to do so. The course must have been extremely expensive in staff salaries, but in terms of the benefit which I think most of us thought we derived from it, it was unbeatable value for money.

Batchelor days

Martin Sadler looks at the pros and cons of a BSc

So now you want to be a fighter pilot? How about doing a BSc? After five terms of cramming facts for exam regurgitation with little pause in the deluge, a good deal of the original enthusiasm for a career in medicine may vanish. Those who started the course without total commitment may well be wondering if medicine is for them after all. While few students completely opt out of the course voluntarily, others may have become increasingly frustrated by the absence of an adequate opportunity to pursue any aspect of medical science in detail. For this and many other reasons, a BSc may be just the ticket. The BSc handbook and the 'official adverts' given by members of staff promote the obvious benefits of the extra year, but the best way to get a true picture of advantages and disadvantages is to ask those who are currently on the courses or who have already completed a BSc. There are two broad categories of BSc; those that have clinically related projects in which students often work with clinicians, or those that are non-clinical, where students often work with a lecturer or someone who claims to be doing 'proper research', having no patient contact.

The practical option

Mushtaque Ishaque is doing a pharmacology BSc at St Thomas's. I asked him why he chose it.

'First, to get a breather from the intensive medical course. Pharmacology was my favourite BMS subject and the BSc projects offered at St Thomas's looked interesting and clinically oriented.'

He didn't feel the need to defer the clinical work completely?

'No, on the contrary, the direct clinical relevance of the BMS pharmacology course as opposed to, say, the biochemistry course, was why I found it so interesting. But I wanted to concentrate on one subject in depth rather than to continue trying to skim the surface of a number of subjects.'

But is it enjoyable?

'Yes, I'm getting to do some advanced clinical procedures such as retinal photography on patients with diabetes mellitus — it's given me a real taste for doing research in the future. Also, I have

learned to evaluate scientific papers critically. Throughout BMS facts have to be taken at face value during lectures, whereas a BSc course encourages scientific scepticism.'

And is it hard work?

'It's not wall-to-wall lectures, we certainly get a good deal of 'personal study' time, and I've only had to write two major assessed essays so far. I don't want to give the impression that it's easy though, because it's very much what you make of it and may not suit anyone who lacks self-motivation or who is after a holiday. The clinicians we are with are very enthusiastic about their work and this encourages us to read around the subject so as to have our own ideas and suggestions for future work.'

Has he regretted his decision to do a BSc at all?

'I think that most of us go through a period of ''BSc blues'' as our friends in the year become involved in clinical and enjoy being on the wards — the ''real thing'' at last. Around Christmas I did have a few doubts, but as I've become more involved in the BSc those doubts have evaporated.'

Is he lookng forward to getting back to clinical?

'Yes, I feel I'll be fully revitalized after the summer and eager to carry on, although the continuity of our preparation for the wards through the clinical skills sessions will have been lost. It would be nice to have a short ''refresher'' course, like the one that Oxbridge students get, just before we start back in October.'

The pure scientist

Huw Morris chose to do a non-clinical BSc in neuroscience at St Thomas's. I asked him why.

'I didn't find the BMS course very stimulating, and wanted to take the opportunity to work at another campus where I could meet people with interests outside medicine. Also I didn't feel completely prepared for clinical medicine. Initially I applied to do a psychology BSc at University College so that I could mix with new people — but my plans were cruelly thwarted. I see a BSc as a no-lose option for a student: if you continue to clinical then it may be advantageous for future job prospects, but if you decide to leave medicine then at least you come away with a recognized qualification for your three years of work.'

What has he gained so far?

'I have enjoyed doing my project, and I now have some idea of what research is like on a day-to-day basis. I have discovered that the possible pitfalls in even simple tasks are legion and the best-prepared experiments take far longer than anticipated. Consequently, I would advise anyone contemplating a BSc not to be too ambitious in their choice of project. Choose something with tried and tested methods as the time for experimentation goes very quickly and repeat work is not always possible.'

Looking back

Dr Paul Halliwell took a BSc in Anatomy. He is currently applying for SHO jobs. I woke him up for long enough to ask whether he thinks that his BSc was worthwhile.

'Yes, very much so. On a mercenary level I think that there is a definite career advantage, but this may not be apparent until after house jobs. For instance, in recent interviews a number of questions were asked about my BSc project. Such an invitation to talk about a project provides a good opportunity for a candidate to show that he has more to offer than those he is competing against. Since at this stage of a career most applicants will be pretty similar on paper, this may provide the edge needed to secure a post.

'Also, much of the BMS course is a passive, non-selective learning experience whereas a BSc is much more active and selective in its approach to new facts. The ability to discard irrelevant information and to justify the need to perform procedures is important in clinical medicine and a BSc project may be the first exposure that a student has to thinking about what he is doing in a scientific manner. Sometimes BSc work can be written up as a paper, which is a further plus, since publishing work is something that all medics who choose to pursue a hospital career will have to do at some point. It's better to have a go at it as soon as possible.'

What warnings would he give to current or prospective BSc candidates?

'Spread your efforts evenly over the various units of the course. I was so wrapped up in my project work that other areas were neglected. This made revising for the final exams more exciting than I would have liked!'

Those to whom I spoke all felt that a year on a BSc could be time well spent provided the individual was prepared to work quite

hard to make the most of the opportunities. For those with serious doubts about continuing the medical course it can be a valuable time for coming to a firm decision about a future career. But if you still want to become a fighter pilot, think again — you're probably too old!

Sue de Monas

I have noticed among the final year students a collective loss of sense of humour. The time is nigh, the bar empty, and suddenly all the BMJs which have been breeding quietly in the pigeon holes for the past two years have disappeared.

Here are a few little tips on how not to embarrass yourself during clinicals, told to me by my dear Aunt Norma.

Even if you are told categorically before your surgery clinical that 'the man with the yellow jumper and the beard has got optic atrophy', at least go through the motions of using your ophthalmoscope. Don't give yourself away like the student last year who, after looking at the aforementioned gentleman's face, made the diagnosis on the basis of his beard! And if you are going to use an ophthalmoscope, do turn it on. Don't get yourself in a situation like one student did earlier this year of enthusiastically commenting on the retinal blood vessels, only to have the attending neurology consultant calmly remove the instrument and turn it on!

And one last word about obs and gynae. When asked what the presentation is, the examiner wants to hear 'breech' or 'cephalic', but not 'well, this is a twenty-six year old para one who is twenty-eight weeks . . .'.

Simple really! Good luck!

In

Greenwich house jobs

Tom Dent's little survey

Welch-Alleyn diagnostic sets

Out

Male nurses wearing dresses

The Spit

Guy's house jobs

Dental Notes

The Hundred Years War

While most are reverently looking back a hundred years during our centenary celebrations, a few will be giving a thought to the coming hundred, wondering what they have in store. There are even a few of us who are concerned with what the next few months will reveal; particularly for the dental hospital and school. Will we opt out? Or will we perhaps opt out of the opting out? If we can. How can a dental hospital, whose prime function is to produce qualified dentists, set up in the market place to generate income? Will King's produce a dentist more cheaply than Guy's? Is that a commendable approach?

Will the last hundred years of building up a reputation second to none for the Guy's dentist all count for naught, like the financial savings made by the dental hospital over the years? Or will due respect be paid to the different needs of dental education? Let us hope the France committee grasp this nettle without wincing. Otherwise we may have to wait for the next reorganization. At least we can be absolutely sure there will be innumerable such upheavals in the next hundred years. Unfortunately that is little consolation for you and me. Meanwhile, we still look forward to greeting all our alumni on Saturday 13 May.

Professor Stephen Challacombe

Professor Cawson's successor in the Department of Oral Medicine, Pathology and Microbiology has been honoured with a chair of his own. It is a promotion which is richly deserved. His colleagues wish him a long and lively dotage but with no excuses accepted for any excursions into absentmindedness popularly associated with the title.

Congratulations

To the following prizewinners:

The Saunders Scholarship Mr J R Krum

The Alfred Woodhouse Prize Mr G E Read-Ward

The F R Moser Prize Mr A K Wickenden

The Robert Woodhouse Prize
1st prize Mr J Collyer
2nd prize Mr D W Gallagher

The Lonnon Bursary
1st prize Mr D A Foskett
2nd prize Mr D S Burford

The Dolomore Prize
Mr J R Krum, Mrs L J Lake } shared prize

The Baldwin Scholarship Mr G I Smith, Mr P J Kennedy

The Stephen D Hey Prize Mr A K Wickenden

Guy's Dental Directory

Copies of the 1987 edition of Guy's Dental Directory with amendments to April 1989 are available from Mrs R A Geffen, School Office, UMDS, Guy's Hospital, London Bridge, SE1 9RT. The cost of the directory is £1.00 plus 50p postage where necessary. Cheques should be made payable to UMDS.

Thanks

To Monty Malleson and his sister who have kindly endowed the Malleson Prize for Dental Research. A silver salver will be presented to the winner.

To Mrs Gain for funding in perpetuity the Ronald Gain Prize for Prosthetic Dentistry in memory of her husband.

To Stafford-Miller for a grant of £34,750 to Professor Frank Ashley and Dr Alan Sidi to carry out a clinical study of the treatment of dentine hypersensitivity.

To Professor Stephen Challacombe who has negotiated a £250 prize for the best student project on cross infection control.

No thanks

For a system of press releases and department of health publications, such as new cash limits, which are apparently not worth the printer's ink when it comes to the reality of what finance is actually available for spending in the bottom-most budget.

After the region's carve up, the district's top slice, the unit's chewing of the fat and crackling, some directorates are considered lucky if their teeth are strong enough to hang on to the bone.

Michael Maberley

Physiotherapy Notes

Change: to alter or make different: to put or give one thing or person for another: to make to pass from one state to another: alteration or variation of any kind: a shift: variety: small coin.

All of these things are happening within the physiotherapy domain at present, except that we have no small coins. Change is a fact of life; indeed if there be no change there be no growth. Spring time is full of passing from one state to another as is Mr Guy's Hospital at this time.

At the time of writing the school of physiotherapy is on the Easter holiday. When the students return on 24 April those in the second year will be in Shepherd's House learning about surgery and intensive care. The third years will begin their paediatric and obstetric clinical placements. These two placements will not run consecutively this year as the final written examinations are sandwiched in between for a change.

The written exams will be followed by practicals at the end of June. This term for the third year students is one of great importance: that chrysalis stage of hope that the transformation will be completed successfully from student, via examinations and electives, to qualified physiotherapist.

When the students went on holiday the almond tree still blossomed in the park and all was quiet in Shepherd's House. As they return they will find the almond blossom has fallen and has given way to new leaves. The cherry is now blooming and Shepherd's House is very noisy as it is undergoing its greatest change since 1968. 'The old order changeth . . .'.

The professor of urology's office and his laboratory are being constructed on the ground floor. The rheumatology secretaries' office, the wax room, the occupational therapy kitchen, the splint making room, patients' waiting area and changing rooms, the linen room and the walking-aid store are all changing places. Hopefully students, patients and staff will survive the alterations and, after the upheaval, settle into their new relationships. Variation, if handled well should result in something better. Dare we hope? Meanwhile patients may be changing in the OT Kitchen and students may be found cutting walking sticks to size in the linen room.

When we look at nature and see that the grub becomes a moth, surely we can hope that our present position could be likened to a chrysalis and if that is so then eventually we will be transformed into something else — a butterfly.

Butterflies have wings — and so do angels. When looking around the St Olave's site in pursuit of the Memorial Arch, which used to be stacked up against the back fence adjoining Southwark Park, I discovered a wonderful guardian angel. She was festooned with cobwebs but a beautiful angel none the less. I do not know her history but would hope that her future will be one of significance. The Guy's campus is in need of a guardian angel and protector; or if not as part of Guy's perhaps she could have a place of honour within the New St Olave's project.

Diana Innocenti

Diana Innocenti's angel, complete with cobwebs, in St Olave's.

Nursing Notes

Nurses' rights, rites and write

As it has been drawn to my attention (an expression often used by writers of letters to publications) that the establishment of the UKCC in place of the GNC has involved what some nurses feel is pecuniary persecution, I feel bound to give the subject an airing. Some, younger nurses whom I have worked with, are aggrieved at having to pay a regular fee for their name to be retained on the Register of Nurses, especially as they paid a goodly sum to have their names put thereon in the first place. Older nurses thought they had paid sufficiently, years ago, which entitled them to permanent registration without further financial outlay. My own training hospital's league of nurses passed a resolution last summer to support a luminary in the nursing press who sought to reverse this situation. Some of these 'old girls' may not have realized that they had been deregistered. Anyway, if they are over 70, they will not be able to register. How's that for 'ageism', and will the medical profession follow suit? On the other hand we are told that to be a truly professional body we must be prepared to pay for this. Have we been 'wronged' by losing our 'right' to practise without renewing subscriptions?

Rites of passage are occasionally conducted by nurses. I have, myself, conducted an infant naming ceremony and a marriage — but this was in response to requests — as a humanist officiant. What I refer to is the self-appointed ritualists I came across, some years ago, in the case of an infant who did not survive beyond a day or so. Despite parental requests to the contrary, a baby I knew was discovered to have been baptised. Presumably this fulfilled a Christian nurse's urgent drive to avoid the position described so admirably by Dora Russell in her 1927 book *The Right to be Happy*: '. . . the souls of dead babies, if duly baptised by the right brand of magic, will go to a better world. If they die before the magic is applied, or the magic is wrong, they will roast for ever to please a beneficient deity'. If you believe this, fine; if you don't, the 'rite' is 'wrong'.

Writing nurses have been in the news of late. Paul Sayer, the male psychiatric nurse, wrote the *Comforts of Madness*, and won the Whitbread Prize ahead of *Satanic Verses*. Claire Rayner has written a lot around nursing, and is acclaimed as the country's 'best known

nurse', so hardly needs me to mention her, save to recall that she trained as a midwife at Guy's.

A writer I would recommend, who is also a nurse and midwife, though I don't know at which London hospital she trained, is Patricia Ferguson. Her recent book *Indefinite Nights* (Deutsch £9.95) provides reality in a fictional setting: Sister Hilary (named after the ward over which she presides — as it used to be at Guy's) has a sad retirement party, and Mike, a male nurse who is so pretty his ward sister is jealous of him, amusingly steals a hoist, redundant in a paediatric ward, to take to the geriatric ward in 'The Quality of Mercy'. But more perceptively Patricia Ferguson writes about feelings many may share, '...I stayed on: the same old reason, nursing's addictive: the rewards of love, professional but tender, the love that could decently speak its name if only it had one'. I've heard similar expressions of piety from women who practise an older profession than ours. Then more aggressively she writes, 'Understand, the doctors were men, the patients were women. Might was right, and Leboyer was wrong. Where did that leave us the nurses?' This book must be read.

Monica Dickens has also made some reflective observations in *Miracles of Courage*. Finally, Vera Brittain in *Testament of a Generation* (1985) is worth noting, and quoting for her piece on 'What Nursing Taught Me'. She writes of the period she nursed during World War I: '...duties assigned to a raw hospital recruit periodically filled me with a boredom and loathing so acute that I dreaded the coming of each new day'; and she was sure '...more people are ill because they are miserable, than miserable because they are ill'. She also wrote of 'bullying about the details of uniform', and I cannot help agreeing with her criticism, which has not entirely vanished: '...the imparting of confidence to the sick matters more than the number of buttons on a coat...'.

Denis Cobell

Book Reviews

Death, Dissection and the Destitute. Ruth Richardson. 426 pages. £5.99. Penguin Books 1988.

The title of this eminently scholarly book clearly indicates its content: to wit, the supply of human bodies for anatomical dissection and human poverty. In fact it is primarily an equation between these two factors — as if the author's main theme were to expose and denounce the association of 'the unpardonable *sin* of poverty' with availability for dissection.

The book hence abounds with comments on the Anatomy Acts, body-snatching, murder *à la* Burke and Hare, and so on. It has negligible reference to the modern enlightened practice of bequeathal. About 200 of the volume's 400-odd pages consist of an astonishingly large bibliography of the subject, and this renders it a most valuable source-book for any researchers. Nevertheless, the author's bias in favour of the above equation, repeated ad nauseam on almost every page, becomes wearisome — and, indeed, weakens one's interest in the subject of providing 'subjects' for dissection. A briefer, disinterestedly historical account would have been more effective.

Roger Warwick

Student Psychiatry Today. Robert Cohen and Jerome Hart. 488 pages. £17.50. Soft cover. Heinemann Professional Publishing.

This very clear textbook of psychiatry deserves to enjoy good sales among medical students. The authors, who are senior registrars in psychiatry at the London Hospital, write in a style which is very easy to read — it is in the nature of psychiatrists to be fluent, of course, but one often feels the need of a wet towel wrapped round the head in order to understand what they are talking about. This is not a problem with Cohen and Hart.

The publishers have saved the revising student a fortune in highlighter pens by setting important terms and phrases in bold type. This very useful feature directs the eye to the major points, so that it is possible to skim quickly through a chapter and get an idea of its scope, before tackling it in detail. Each chapter ends with a realistically brief list of references for further reading.

The contents list includes all the chapters that one would normally expect to see in a student textbook of psychiatry, so that *prima facie* the book seems thorough. The chapter on psychiatric history taking and the mental state examination was if anything too full of examples, so that one felt very daunted at having to learn it all.

I thought this book was very good. I shall certainly be using it for my psychiatry firm, and would recommend it to my colleagues.

MGS

Rush University Review of Surgery. S G Economou, S D Bines, D J Deziel, T R Witt. £16.95. Soft cover. W B Saunders Co

This book approaches surgery from a completely different angle to the standard textbook, with a series of multiple choice questions followed by answers, and a paragraph discussing these particular answers. Overall it

covers the whole of general surgery reasonably adequately. It is, however, no substitute for a proper textbook of surgery, such as Forrest Carter and McCleod, and would be of little interest to undergraduates. It would however, be of interest to post-graduate students sitting the final fellowship exam, who have already studied a proper textbook of surgery. In addition to light relief, it provides a way of getting their thoughts into some form of order prior to the exam.

The book is very thorough, and covers all aspects of surgery, and the special interests are the chapters on trauma, fluids and electrolytes, and response to injury, which are rarely covered satisfactorily in a standard textbook of surgery.

Robet C Mason BSc MD FRCS
Senior Lecturer and Consultant Surgeon

Sport

BOAT CLUB

University of London Head

After the disappointment of being disqualified in the Kingston HORR, a race in which we thought our chances were high, we turned our attention to the UL head the following day. Again there was a poor turnout of boats from several of the hospitals, but some impressive-looking crews from Imperial and UCL were on the starting line.

Guy's men's 1st VIII were chasing the UCL second crew. Our competition at Senior III level included the Imperial 1st crew, and although beating them looked a daunting task, we were determined to be the fastest hospital in the race. We had a fierce tussle with the UCL II crew. Guy's chased them all the way and by upping the rating in the final stretch to 35 we closed the gap to beat them by seconds.

In the overall positioning Guy's 1st VIII was fourth beaten only by the Imperial 1st and 2nd crews and the UCL 1st crew. It was very satisfying to finish the head season as the fastest hospital.

The men's second VIII put in a very creditable performance, improving vastly from the UH head, but in racing against Imperial II crew, who for some reason were rowing at novice, they had no chance of winning.

David Quick

U H Head

Once again Guy's ladies' 1st VIII were pipped at the post by Tommies, who came a close second to the London Hospital. Better luck next time Guy's. Weight training for the ladies will continue every Tuesday and Thursday evening, 5.30 pm, Pavy Gym.

Rhian Beck

FOOTBALL CLUB

GHRFC 6 GHAFC 2

St David's Day saw the inaugural soccer match between a Guy's Rugby Club Viking XI and eleven select thugs from the Football Club. This fixture came about due to a challenge from a certain member of the Football Club to his friends 'who play with oddly shaped balls'. This challenge was gladly accepted.

At the start of the game, one of the footballers was called away for service in a hockey match, leaving the Thugs one short, but still noisily confident of an easy win. Events were destined to prove otherwise.

Hard tackling and a high workrate led to the Vikings going 1–0 up after only seven minutes through Wayne Commander's head. This unleashed the full force of Andy Jones' invective, which helped to exacerbate the situation splendidly. In the 12th minute an excess of midfield panache left Neil Davies clear to score a second.

The kick-off had barely been taken when a blitzkrieg manoeuvre defeated the Thugs' carefully prepared offside trap, and Ross Physio managed to tap the ball home to leave the Thugs 3–0 down. The rest of the first half passed uneventfully as the footballers sat on their deficit. 'We're a second-half side and it's a game of two halves', commented a footballer bearing a remarkable visual similarity to Andy Jones.

The second half began with a change of goalkeeper on the part of the Thugs, while the Vikings retained their 1–9–1 formation, with nimble Bob Fresher filling the striker's role admirably. Early Norse pressure led to a fine goal from Rubberman Coombes, after some entertaining lack of coordination.

To be losing 4–0 was just too much for the smarting Thugs to bear, and they fought back hard, enabling A Jones to peg one back with a scorcher of a shot. Yet still there was more to come; with 20 minutes to go, Rubberman got his second through delightful incompetence.

The Thugs replied with a well-struck goal from Ash Leigh and the match was wrapped up by Ross Physio who, having run around one defender, proceeded to run through another and trundle over the goalkeeper to dribble in.

Football XI

N E Ville
Julianne
A Jones
A Mead
T Mead
A Leigh
Raj
T Beets
I Hendricks
Julian
(Bayley left to play hockey)

Vikings XI

M Fresher
R Physio
R Fresher
W Commander (c)
P Scanlon
N B Fresher
J Rubberman
N E Davies
E Champ
C Beardmore
P Rosehell

RUGBY CLUB

EGM, 7 February 1989

The meeting was attended by 45 members of the club with Dr Gibson in the chair and Dr T Palmer present as a representative of the Clubs' Union. It lasted for nearly two hours and involved frank and wide ranging dialogue on the future direction of rugby at Guy's. Apologies for absence were received from six members including Drs Challacombe and Parry.

The first item discussed was the response to the proposal from the RFU to set up a National Students'

League for the season 1989–90. The consensus of opinion indicated that as the dates for these fixtures would clash with those of the current league system, in which Guy's is more than holding its own, and that as the standard of rugby might well be lower than that played at present, it was not in the club's best interest to join the new league. Furthermore, Guy's alumni (all of whom are Clubs' Union Life Members) would be ineligible to play under the new system and it was felt that this would be to the detriment of Guy's rugby, as the Old Boys' very committed and loyal approach contributed much towards both the standard of rugby played and the tremendous camaraderie within the club.

Dr Gibson pointed out that we may be depriving undergraduates of 1st XV recognition by selecting alumni. Mr Nigel White responded that all in the club seemed to be playing at a suitable level from the 1st XV to the 4th XV and, more importantly, enjoying it. Mr Huw Davies, (2nd XV Captain) added that he would rather earn his 1st XV place than be selected by default.

The next item was the discussion of the possiblity of merging with St Thomas's Hospital RFC. It transpired that St Thomas's had a strong Wednesday side but were finding difficulty fielding even one XV on a Saturday, as their better players turned out for other clubs and their students tended to drift away after qualifying. It became apparent that the medical school was very keen for a UMDS side to be created but it was also noted that the decision on any action to be taken should rest solely with the students present and that they should not be unduly influenced by external inducement.

Fond mention was made of the strong loyalty which everyone present felt towards Guy's, and although it is obvious that the students' situation may change in years to come it was felt important to take into account the present position and strength of feeling. It was also noted that as Guy's Hospital Rugby Football Club is arguably the oldest in the world and was a founder member of the RFU, to allow its extinction would be doing a disservice to the great players it had produced in the past. It seemed inconceivable that the Hospital, being an institution which prides itself on its great traditions, would view the club's demise as wholly desirable.

It was then put forward that St Thomas's students might care to play for Guy's on Saturdays and that a more sensible route for the merger proposal would be the possibility of a combined side for Wednesdays only. There was general agreement that this option should be looked into.

A motion stating that Guy's Hospital Rugby Football Club should survive into the future in name and as an independent rugby club was carried unanimously. The meeting ended shortly afterwards.

(Discussions with St Thomas's Hospital RFC which began over eighteen months ago are still continuing, and a report of more recent developments in these negotiations will be included in the next *Gazette*).

This report was compiled on behalf of the Committee and players of Guy's Hospital RFC.

Hospital Information

The following students qualified LDS, Royal College of Surgeons of England, in March 1989 and are life members of the Club's Union.

BARHAM, Judith Helen
CLARKE, Josephine Ann
DATTANI, Snehal Shantilal
DUNSCOMBE, Alison Elizabeth
GALLAGHER, James Ronan
HASSANALLY, Sherin Abdulmohamed
JULLIEN, Nicholas James Martin
PATEL, Deepti Prafulchandra
SMALL, Simone Victoria Jane
SZPOJNAROWICZ, Andrew Peter
UNDERHAY, Duncan James

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The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

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ARE YOU READY FOR THE EXAMS?

HUTCHISON'S CLINICAL METHODS (19/E)
by M. Swash

This is the classic book on clinical examination. The emphasis remains on providing practical information for diagnosis using traditional skills but, in keeping with developments, brief accounts of modern methods of investigation and the principles underlying them are given where relevant. This edition has undergone extensive revision and updating and has been expanded, where necessary, to cover fully contemporary problems (e.g. sexually transmitted diseases, the examination of children and women and the assessment of surgical problems). The book will be invaluable to students in their clinical years and will also provide a reliable reference for postgraduates.

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Passim

As I write, Guy's has been basking in glorious spring weather for the past fortnight. This has made lunchtimes much more congenial, and has helped the second-year organizers of Charities Week to raise a record £38,000, but it does prompt me to ask one question of the hospital management. Why, in the cost-conscious, resource-managed Guy's of the late 1980s, is the heating turned up so high? And why can it not be turned off? On the ward that I am working on at the moment, one witnesses daily a battle between the staff and the heating. The windows in the staff office are thrown open, in the vain hope that the expensively generated heat will convect away from the radiator (which has no manual control on it) and out into the atmosphere of Lewisham and North Southwark, without further raising the temperature of the office. The same spectacle meets the eye in the Wills Library, where the heat-emitting sarcophagi that pass for radiators have driven the studious out into the Park.

Why are all the hospital buildings kept so hot, at such cost to the taxpayer, and at such inconvenience to the majority of its workers and patients? Presumably there is a regulation specifying a minimum temperature for hospitals and places of work. Since it is far too high for the people who work here, one assumes it must be designed to suit the patients, who (with the exception of medical school security) must presumably be the most inactive people here. But has anyone ever asked them whether they find the temperature comfortable? Many patients I have met seem just as hot and bothered as the rest of us, and not at all appreciative of the money that is spent to keep them sweating. Let's turn the heating off next week and wait until more than half of the people in the hospital complain of the cold. Then we might have got it about right.

In this issue

Several readers have responded to the comments about the standard of service in the Lower Spit made in the April issue.

In News in Brief, we highlight the recent award of Doctor of the Year to Professor Tak Lee, for his work on the role of the leukotrienes in asthma, while Aman Coonar brings us up to date on the opting out issue and student education, among other topics.

We examine the successes of Charities Week, and profile the work of the Division of Medical and Molecular Genetics. Jane Miles

reviews the excellent talk given by Sam Wanamaker to the Quodlibet Society, while Moeen Panni describes the excitement offered by the University of London Air Squadron. Dr Watts has replied on behalf of the biochemistry department to the criticisms made of the BMS curriculum by Dr Stott in April.

Correspondence

Plus ça change...

Dear Sir

I was interested to read the correspondence concerning the standard of food served in the Spit in your April issue.

While not being able to make any valid comments on the present standards, I can say that exactly the same letters could have been written, and I believe were, in my era (1950–56). In those days the size of the portions depended on one's familiarity with the Christian names of the servers and the only things of high standard were the many bridge schools running at the time. Tempus fugit.

Yours faithfully

STEWART DUNCAN
Bosca
Treham
Nr Saltash
Cornwall
PL12 4QN

Catering Service in Boland House

Dear Sir

I refer to the letters contained in the April edition of the *Gazette*, with reference to the present catering services in the Lower Spit.

Having recently returned to Guy's as the director of commercial services, with the ultimate responsibility for catering, I would accept some of the comments made by your contributors. Gary McKenna, general manager of catering services and his team, are addressing these problems and improvements will be made. I have met with Zaheer Yousef to discuss the students' requirements for service, together with the representatives of the medical school management.

May I assure all students, consultants and others using the facilities of Boland House that the initial improvements made in April 1989 will continue. A further scheme to provide a different style of service will be developed for the Upper Spit during the latter part of 1989.

It is at present difficult for the catering staff to provide a service due to the 'Meandering Crockery Syndrome'. We are arranging a crockery amnesty to allow all crockery and cutlery and glassware that has been borrowed from the restaurant and resides in accommodation in Boland House to be returned to the restaurant. Neither the hospital nor the medical school are able to continue to spend thousands of pounds each year on replacement crockery as at the end of the day, this will only inflate the cost of service to our customers. We will be undertaking a review of what the customer wants in Boland House in the near future.

One final comment. The catering services and prices charged in Boland House will remain as in the hospital restaurant, providing the service can

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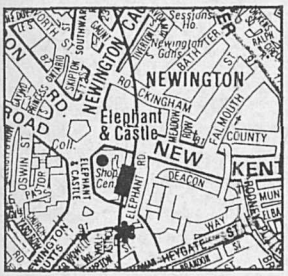

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Please address all correspondence to: Mr G McKenna, General Manager, Catering Services, Catering Office, Hunts House, Guys Hospital.

Yours faithfully

LEE SODEN
Director of Commercial Services

Spit Service

Dear Sir

The letters of Messrs Mead, Potts and Pritchard in the April issue are not recognisable to me as the truth. I remember the bad old days of the Lower Spit, more rolls than regular food, and filled with carcinogenic smoke. There is no problem in providing even better quality food; but would the declining student grant make this a practical proposition?

Many of the staff are working a twelve hour day, and longer hours than that are not unknown. Often they have to travel a long distance before commencing their duty. Unlike many other groups such as medical students and staff, they do not have a common room to rest on their break. They cannot leave their work area and are often interrupted in the middle of their rest period. So much for being lazy.

I find the staff generally very polite and helpful; which is particularly commendable when one considers the frenetic pace and long hours they have to work because of shortage of staff. To have read unappreciative letters like those I have referred to, must be hurtful in the extreme, an injury that is not deserved.

Yours faithfully

KEITH NICKOL

Admissions policy

Dear Sir

I agree entirely with *Passim* (*Gazette*, April 1989). Both of my parents trained at Guy's and I have always wanted to read medicine.

I have three 'A' levels, in Mathematics, Physics, Chemistry, and a degree in Physics. This summer I take my chartered accountancy finals. I have worked at the Massachusetts Institute of Technology in Boston.

I am musical, swim, ski, windsurf, parachute and cross-country cycle in my spare time. I am also active in amateur operatics, choirs and musical groups in my area.

I am not the 'boring boffin with three 'A's' of the article. I am now 25 years old and still want to read medicine.

Perhaps you can suggest how I can get past the UCCA machine which rejects me on my A levels without an interview?

Yours faithfully

MARY CLARE GILLON
5 Connaught Manions
Coldharbour Lane
London
SW9 8LE

Cycling into Guy's

Dear Sir

I am writing to inform you and my fellow students who cycle into Guy's that although bicycles have been chained to the white posts immediately outside the Will's library for the past five years (to my knowledge), this is apparently no longer allowed.

This matter was brought to my attention, not by a politely worded sign, not by a note attached to my bicycle, but by a large padlock immobilizing it, with no accompanying note explaining why it had been 'impounded' or how release could be obtained.

I therefore tried to obtain the medical school security guard, but he was 'on patrol' and did not answer his bleep. I therefore presumed that it was merely a Charities Week prank and walked home.

The following day I asked Mr Crispin if it was possible that either he or one of his collegues was responsible. He replied, 'We might be'. I asked him to release it, but four hours later I am still waiting.

While I realize that he is a very busy man, it would only take two minutes and the key to release my bicycle. Perhaps (with reference to the correspondence in your April issue) he will sleep better tonight knowing he has disrupted my entire day!

Yours faithfully

MICHAEL GILLHAM
Boland House

Rental for Guy's

Dear Sir

In 1948 the government of the day acquired, for the nation and free of charge, the hospital established by our founder, and maintained since then by millions of benefactors.

Today I read (*Observer*, 23 April) 'Hospitals are to be forced to pay rent for the land they occupy under government plans to revolutionise the NHS'. In the case of Guy's this is estimated at £27 m per annum.

Would you, Sir, enchant the statue of Thomas Guy, like another Commendatore, to arise and lead both the Secretary of State and the Prime Minister down to hell?

The only trouble is that the Devil, well known to be a gentleman, would probably be unwilling to charge them room rent; even for arriving a little in advance of their allotted time.

Yours faithfully

DAVID GULLICK
1 Heathbrow Road
Welwyn
Herts AL6 0QG

The BMS Course — a lot to learn

Dear Sir

Dr Robin Stott's comments on the BMS course (*Guy's Gazette*, April 1989), as presented by Mark Slade, merit a reply.

In the first place, one must distinguish the true purpose of the BMS course from what Dr Stott would like it to be. It is correctly described as a training in Basic Medical Sciences and, as such, is not intended to be a tailormade introduction to becoming a practising doctor. The reason for this, as illustrated by Dr Stott's own examples, is that the logical development and coherence of a science subject is different from the way it is applied to medicine. I would submit that it is the doctor's job to teach the student which facts to select and how to apply them to his particular area of investigation, if only because many doctors pride themselves on their special approach to their subject. There would be a fine old row, and rightly, if preclinical teachers trespassed on such obvious clinical territory.

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The role of pharmacology, although I would not describe it as a Cinderella subject, in the BMS course is historically interesting. When I first taught medical students it was considered part of the clinical course and as such, was taught alongside the introductory clinical period after the BMS course proper (or 2nd MB, as it was called in those days) was complete. However, the pharmacology exam had to be passed before further clinical progress could be made. The situation was confusing to the uninitiated because a student who had been referred in a 2nd MB subject could work for his resit and pharmacology at the same time. Indeed, it was a well-recognised tactic deliberately to ignore one subject at 2nd MB and take it as a resit, alongside pharmacology, because the workload was more evenly spread and no time was lost in the process. Following the report of the Royal Commission on Medical Education, 1965–68 (Todd Report), all this changed and pharmacology was taken under the umbrella of preclinical education in the knowledge that because of the way in which it brings together the various disciplines, as Mark Slade accurately describes, it helped bridge the transition phase of which Dr Stott complains. More important, at that time, though, was the recognition that pharmacology should be accepted as a preclinical discipline in its own right, and there is no compulsion on the pharmacologists to teach other than what they consider to be academically right.

What constitutes a suitable body of knowledge in any preclinical subject is a topic which, I am sure, all preclinical teachers debate endlessly. In the days when Guy's had a biennial dinner, I once found myself being told by one of our most eminent surgeons that anatomy in general, and dissection in particular, was quite valueless as a training in surgery. We were still well removed from the port and there was no doubt that he meant it. Dr Stott's remarks about the benefits of neuroanatomy, or lack of them, perhaps underline what he was getting at. Nevertheless, having once been trained as a zoologist, I go along with the students in their gut feeling that the factual content of anatomy must, in the long term, be beneficial. But it is not for me to argue whether the time spent and effort involved is justified in the BMS course.

So far as biochemistry is concerned, it must be admitted that it is a conceptually difficult subject and that its relationship to general medicine is elusive. Dr Stott would, apparently, seek to prove that its relationship to any medicine is irrelevant. But, while his hounds are harrying our long-suffering consultants over what they can remember of the Kreb's Cycle, let them be further tested about something of manifest clinical relevance such as the metabolism of cholesterol or, better still, arachidonic acid, or even genetic engineering? If this hypothetical survey proves anything, I predict it will be that our consultants select from the body of biochemistry that they have learned as students, those aspects that are relevant to their everyday working life. No less important, they have a background awareness of what the subject is all about, so that if and when they need to expand their knowledge, this can be accomplished with the minimum of fuss and effort. If you really want to know about the Kreb's Cycle, ask a specialist on mitochondrial myopathies or certain amino acid deficiency diseases and you will get enough facts to give you writer's cramp. If you don't, well! Dr Stott is an obvious choice.

For most students, the preclinical course has to last the student for the rest of his life. It was not long ago that the teaching of DNA structure and

synthesis was ridiculed as medically irrelevant. Who ridicules today? Whether it is for prenatal diagnosis, explained in the surgery, or casual talk over a pint in the local, a Doctor is expected to know. I am sure that we in biochemistry reflect the views of our preclinical colleagues in saying that we welcome any comments from our clinical counterparts that may in any way help us improve the content and medical relevance of our courses. Blanket statements like 'the first thing must be to cut down the number of facts in the course', followed by 'I would dearly like to see communication, ethics and the medical consequences of nuclear weapons added to the curriculum...' show that Dr Stott does not really want a course with less factual content but, rather, one more in keeping with his own preconceptions which, not surprisingly, include less science and more medicine. Quite how this particular shift of emphasis would help a student's comprehension of the pathway of the optic nerve within the CNS, Dr Stott's opening problem, remains, to me, obscure.

Dr Stott's remaining remarks relate to the idea of delaying student entry to allow for the development of maturity and commitment. As one who took two years out in obligatory national service, I view this more general proposal, already practised in some countries, with a spark of sympathy. While these were not exactly the best years of my life, as predicted by my sargeant-major, they were certainly formative! More appropriate for medical students might be an extension of the industrial training scheme to create a one-year period of lay hospital or welfare training for students after provisional acceptance at medical school. This should certainly be enough to dispel any romantic notions of what medicine and real patients are like, and the earlier elimination of unsuitable students should offset the doctor's shorter working life.

Perhaps Dr Stott was being deliberately provocative as a step towards creating the dialogue that might help solve the problems he feels arise over interfacing the preclinical and clinical courses. Any hope for success will depend on making an effort to understand what the other side is doing and why. The title of the interview indicated that there was a lot to be learnt. To it should have been added — and not just by the students!

D C WATTS
Department of Biochemistry

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Professor and Mrs Lee at the BUPA Awards (*Photo by kind permission of* **Hospital Doctor**)

News in Brief

Guy's professor becomes Doctor of the Year

Professor Tak Hong Lee, who holds the chair of allergy and allied respiratory disorders at Guy's, was recently named Doctor of the Year by the BUPA medical foundation. The award was made for his contribution to the scientific understanding of asthma and allergic respiratory disorders.

Professor Lee, whose appointment to the chair, sponsored by the Asthma Research Council, was featured in the *Guy's Gazette* of July 1988, has been able to show that a diet rich in fish oils can suppress the asthma which develops in sensitive individuals after exposure to various allergens, including pollen, cat dander and house dust. His research has focused on the role of the leukotrienes in the mediation of the allergic response. Fish oils contain slightly different precursor molecules for leukotriene synthesis, and the observation that Eskimos have a much lower incidence of asthma led Tak Lee to investigate the effects of administering fish oil supplements to asthma sufferers.

By highlighting the role of leukotrienes in the pathogenesis of asthma, Professor Lee's work may open up avenues for innovative treatment of this widespread and disabling disease. He predicts a bright future for asthma research.

'I am very positive and optimistic that in the next ten years, or less, we are going to understand so much about allergies that we will be able to do something major about the problem.'

The Doctor of the Year award was presented to Professor Lee by the Duchess of Gloucester, on 20 April at a special ceremony at the Savoy Hotel. It is worth £2,500.

Opting out

More than 150 NHS hospitals have been put forward to become self governing under the government's plans. For some time it has been apparent that Guy's Hospital would be likely to 'opt out'. In order for a health care unit to become self-governing a bid must be put forward by an interested party. At Guy's such an application has been made by the hospital management committee with the particular involvement of Dr Hugh Saxton, Mr Rendall, and Professor McColl. Certain elements of the media report that among the clinical staff there is 'general enthusiasm' for such a bid.

This, however, is innaccurate. Several Guy's consultants are in reality opposed to 'opting out'. In a letter to the *Independent*, a number of them (Professors Adams, Cameron, Jarrett, Keen, and Watson, and Drs Grahame, Laurence, and Lewis) question the assumption 'that the NHS will not improve itself unless it is driven to do so by financial competition'. They argue that there is 'no clear evidence for this notion from the experience of other societies whose medical services are largely fashioned by market forces'.

This group argues that independent status 'could threaten our engagement with the real health needs of our local population; drive us toward the profitable perhaps at the expense of the needful; bring us under the direct control of a board pursuing financial ends and 'free us' from the control of one charged with meeting the health needs of the district; turn collaborators into competitors; transmit new messages about the purposes of medicine to our students, and even raise questions about our motives in the minds of our patients'.

Since there still remain several unanswered questions and variables, not least concern and anxiety among clinical staff, the Guy's Hospital management committee, quite properly, is not entirely committed to 'opting out'. In order to obtain accurate information, 49 of the 200 consultants at Guy's have paid for the Electoral Reform Society to perform an independent study of their views towards Guy's opting out. It will be interesting to see what the scale of 'general enthusiam' really is.

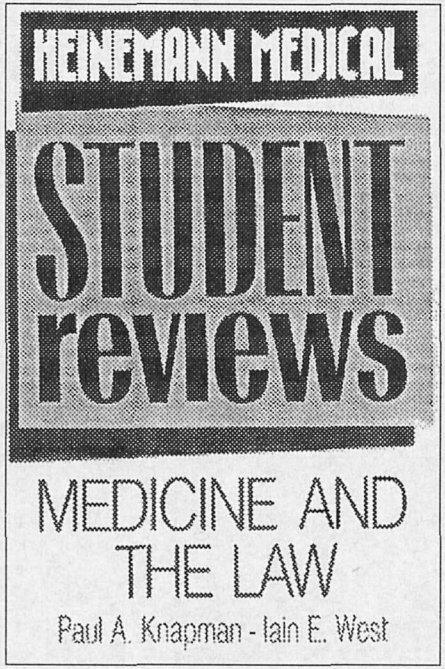
Aman Coonar

Student Medical Education Committee

The most recent meeting of the UMDS student medical education committee was held at St Thomas's Hospital on 8 May. We discussed student opinion of the new M2/S2 course, along with matters arising from the new quartile block.

It appears that different problems arose for students based on the two different campuses. Students at St Thomas's felt that the course was too long and contained very few opportunities to obtain worthwhile clinical experience. As a result attendance and morale were relatively poor. We put this problem to the UMDS education committee, which told us that the amount of clinical experience was the most available, and that students at St Thomas's would be able to obtain supplementary teaching and clerking opportunities towards the end of their course.

Heinemann Medical Books



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Guy's students have been asked to complete a questionnaire, and this has not yet been fully analysed. However, anecdotal reports would suggest that while certain specialties were highly rated, others were also criticized for the lack of clinical material which they offered. The UMDS education committee told us that this was primarily the unfortunate result of the now infamous 'overlap'. Furthermore it seems that we will not have another opportunity to gain more experience or specific teaching in these areas.

The initial response to the quartile firms seems much more encouraging. Most students have found the opportunity to go to a new campus and meet new people an enriching one. Of particular note is the response to the new communications course. There seems to be an overwhelmingly positive reaction to what has been described as the 'most useful part of the course so far'. This once again begs us to consider and review the way in which the medical course is taught to us. SMEC hopes to carry out a questionnaire study to assess exactly how useful UMDS students find the different types of educational medium.

Unfortunately, the recurring problem of timetabled activities being cancelled with late or no notice is continuing ad nauseam. The problem is exaggerated when people have to make special journeys from one campus to another, and regrettably this is occurring all too frequently. We discussed this problem with the UMDS education committee. It agreed to make special efforts to notify the departments concerned. It seems that unless strong action is taken this will remain to be a problem until the 'Livenet' interactive broadcast system comes into operation (hopefully within the next few years).

Aman Coonar

Ethics and medical ethics

Abortion, torture, genetic engineering, AIDS, organs from anencephalic babies, death, stillbirth, relationships with patients, sexual abuse, animal experimentation, transplants, resuscitation, embryo research, euthanasia — these are a few issues of ethical importance. Health carers repeatedly have to make difficult decisions on issues of considerable importance to society. Regrettably, and too often, we respond with a knee-jerk reaction, or with a response that finds expression by muddling its way through ignorant and confused thinking. Such a poor approach to ethical questions cannot be in the patients', carers' or society's best interest. This becomes ever more important as technology and

pharmacology continually increase the carer's ability to invade 'life' and 'death'.

It is an unfortunate fact that many medical students, doctors and other carers do not understand the meaning of ethics. In simple terms, it can be defined in two complementary ways. First as a 'code or set of principles by which people live', and thus in the case of medical ethics, as the 'code which regulates and guides health-carers in their dealings with each other and with their patients'. Secondly, ethics refers to the study, investigation and criticism of 'ethical theories'. These are questions which ask how people should behave under different conditions, for example 'should a doctor use organs from an anencephalic baby, and if so, under what conditions?'. Clearly ethics has an important role to play.

The London Medical Group has carried forward the discussion of medical ethics among the medical schools of the university of London. Next year the LMG will not be able to put on its series of twice-weekly symposia. Instead its structure is being reorganized in order to create groups based at individual medical schools. Plans for a UMDS group are already well advanced. If you wish to be involved in running it you are invited to a meeting which is to be held in the large committee room in the medical school at the Guy's campus on the 22 June at 5.30 pm. Everyone is welcome.

Aman Coonar

Issues in Health

The Universal Declaration of Human Rights states that 'No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment'. Sleep deprivation has been classified as a method of torture and psychological abuse.

Sam Everington, MPU Council member and a doctor at the London Hospital, was the speaker at a recent Issues in Health Group meeting. He came to Guy's to discuss the problems of junior hospital doctors' hours.

Normally, it requires either a tragedy or a junior doctor so desperate in his or her plight that they are willing to risk destroying their career, to once again focus our attention on the problem of the hours that doctors work. However this is not an episodic state, but rather a persisting problem, and all the available evidence suggests that it is an extremely widespread one.

We all know the sequelae of long hours. Patient care suffers. Doctors report deleterious effects on social relationships with family

and friends. There is a decline in mental and physical health which occurs with stress and sleep deprivation. Junior doctors show symptoms of learned helplessness and reduced morale: Isobel Allen of the Policy Studies Institute has found a significant deterioration in the morale of hospital doctors over the last twenty years. Nearly half of the doctors qualifying in 1981 expressed regret about entering medicine, as compared to only 16% of those qualifying fifteen years earlier in 1966.

'Hours worked' is of course not the only factor in creating dissatisfaction among junior doctors. There are other concomitant ones such as the ill-planned and overlong career structure, and poor pay relative to other highly specialized professions.

In fact the problem has been recognized for some time. Over the last seven years the DH has made several recommendations that junior doctors' hours be reduced; for example, in 1981 *The Short Report* of the Social Services Select Committee stated that 'the reduction of the doctor's contracted week, initially to a maximum of 80 hours, should be one of the Government's top priorities and . . . should be enforced'. In addition, more and more senior doctors acknowledge the problem. Sir Christopher Booth, a past president of the BMA, recently spent a night on call with a team of junior physicians. He concluded that '. . . it is monstrous that we should subject any devoted young doctor to such conditions'.

Why then have we made so little progress towards reducing junior doctors hours? Research suggests that the essential point is that junior doctors are cheap for their employers, which are nearly always the health authorities. After all, by paying 1/3 the normal rate for dotors working 'A' UMTs, and 1/10 the normal rate for 'B' UMTs, the prudent economic argument would be to employ as few doctors as possible for as many hours as possible. Such utilitarianism is not in the interests of patients or doctors.

The current situation is even more regrettable since it has also been shown that for no extra cost, a 72 hour week could be immediately achieved (Flower et al, *Lancet* 1987 (i) 1309). This would take place along with the introduction of more flexible working patterns which would utilize a shift type system, along with patient care being devolved from individual consultants to larger 'specialty teams'. There could be other benefits of such a system: agreement by the team on policy for certain areas of patient management could make planning and auditing of care provision easier; junior doctors would receive training from a wider range of consultants; and peer review by consultants within the team would

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be easier. The success of this pattern of care has been well demonstrated in the USA and Germany.

Radical change is to take place within the NHS. Much of the White Paper *Working for Patients* will become law. Shortly afterwards it is reported that a number of hospitals will opt out, probably including Guy's. What plans are being made for junior doctors? What hours will we be expected to work, how will the career structure change, and how much will we be paid?

Aman Coonar

Blues committee

At a recent meeting of the Blues Committee, the following awards were made.

Boat Club	Full Blues:	David Quick
	Half Blues:	Charles Peebles
		John Crossman
		Andrew Williams
		David Pullan
Football Club	Half Blue:	Paul Abrahams
Rugby Club	Full Blues:	Michael Seare
		Neil Davies
		Edson Cheah
	Half Blues:	Simon Bunting
Ladies' Squash	Full Blue:	Suzanne Ward
Men's Squash	Full Blue:	Johann Thieme
	Half Blues:	Dominic Yu
		Samir Latifi
		Neil Davies
		Warwick Ames
Water Polo	Full Blue:	James McCormick

M J Gleeson
Secretary of the Blues Committee

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Clubs Union News

With the first 'true' intake of UMDS students scheduled to arrive in October, it is important that the present student bodies of Guy's and St Thomas's unite. To this end, a draft constitution for a united Clubs Union has been prepared and debated. The most controversial elements concern the amalgamation of various clubs. It was therefore decided to invite any interested club representatives from both campuses to discuss the various differences of opinion. The meeting was generally successful, with many items of concern aired, and it ended with mutually agreeable clauses relating to club mergers.

On a more campus-based note, Guy's has just held its Charities Week, which has achieved the staggering total of £38,000 in donations for the Evelina Children's Project. My congratulations go to the organizers, and to all the students who helped with events and street collections. The total raised by the St Thomas's charities week was, by comparison, £35,000.

Finally, another annual Guy's event, the summer festival, is being organized as the *Gazette* goes to press. There will be the usual five-a-side football competition, together with rounders, obstacle course, tennis, tug-of-war and mini-marathon tournaments. For the first year ever, there will be a women's seven-a-side rugby competition. Let's hope the sun shines, and that the attendance will be higher than ever. It's on Saturday 3 June.

Zaheer Yousef

Guy's Hospital Charities Week 1989

After a core of 2nd year medics spent months of letter writing and burning of telephone lines, Guy's entered its Charities Week for 1989. This year, money was being raised for the Evelina Children's Appeal. Due to the large number of events the timetable was expanded into an action-packed ten days of fun and frolics, in which participants were rewarded for their efforts by a galaxy of prizes including: flying lessons, a day as a rally driver, and a ballooning weekend in Nottinghamshire.

Saturday: Monopoly Treasure Hunt and Collection

A hardy group of competitors gathered on a rather damp morning at Boland House ready to drive, cycle, run and walk the *Monopoly Treasure Hunt*. This was a race to find a series of clues hidden over London at sites represented on the Monopoly board.

The race times varied greatly, with the last competitors finishing ten hours after the start. The event was sponsored by Thomas Cook and Intasun, who supplied both T-shirts and the 1st prize of £250 in travel bonds.

During the day, less competitive but equally enthusiastic members collected money up and down Oxford Street (rumour has it that Ben has applied for the job of a bus conductor!). The day ended with an 'intimate' *Inflam* in the bar, and realized over £5,000 from sponsorship money and collections.

Monday: Charities Week Ball and Collection

It may have been a holiday for some, but in excess of 50 students with a variety of props, including theatre greens, beds, and skeletons took to the streets again. Much rattling of tins and vocal harassment yielded another £5,000.

With the evening came fine weather and the *Charities Week Ball* organised by Georgie Siggers and Ruth Prosser. The evening was a great success (*Ahem — Ed*), although next year it would be nice if this might be better supported by certain factions of the Medical and Dental School.

Tuesday: Rocky Horror Picture Show and Inflam

Back to college with bad taste day and year photos (including the baptising of the 1st year intake — an established tradition!). Lunchtime in the Spit took on a sinister air with the *Hit Squad* selecting their targets and carrying out a series of ruthless but humorous attacks.

The evening event was the *Rocky Horror Inflam*, which was well supported (better than could be said for some of the costumes worn in the name of fancy dress!).

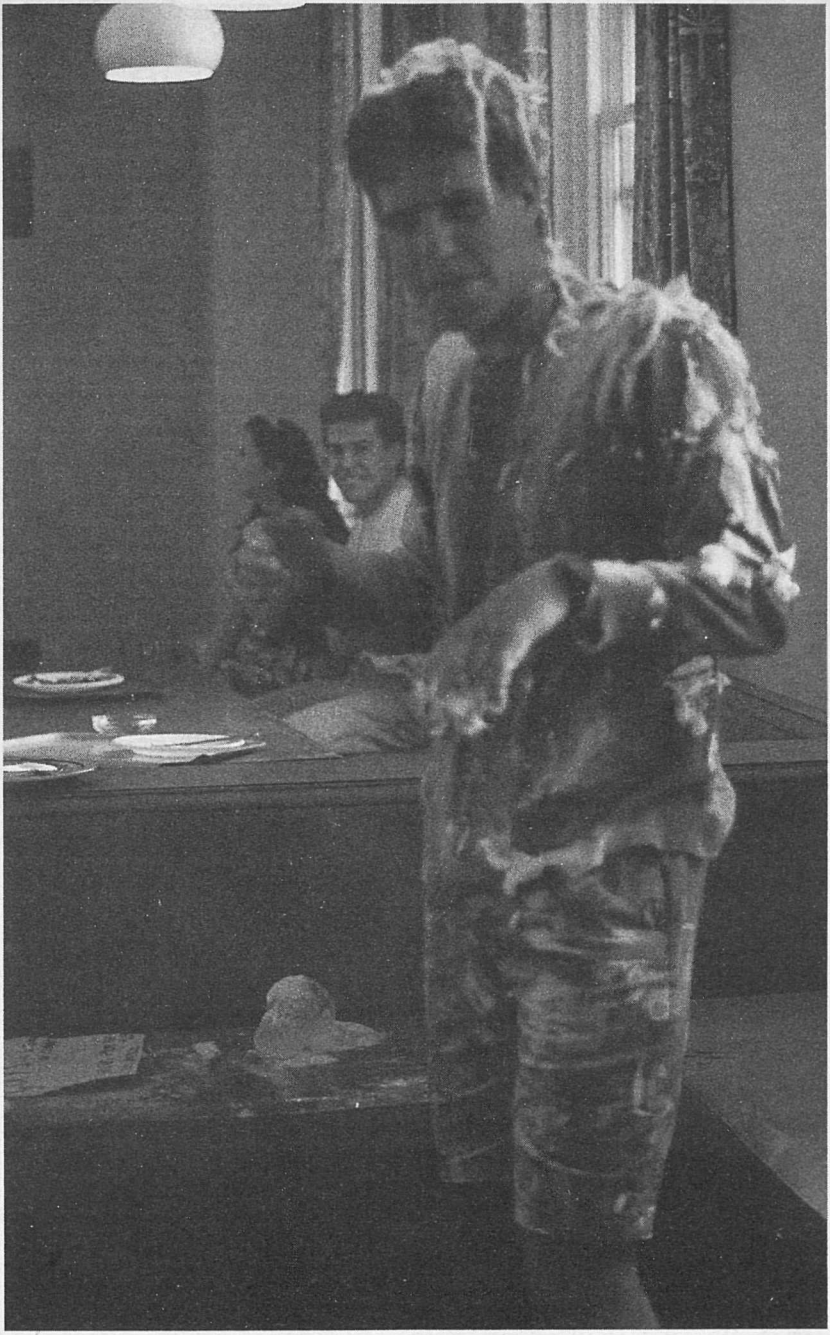
Wednesday: Pasta Eating, Real Ale and Darts

On the streets again, for the big city collection. Thanks to a variety of ploys and vigorous collecting techniques, the unbelievable total of £20,000 was amassed in a single day. An incredible effort by all, most people not returning with their heavily laden tins until early evening.

The traditional boy's night-out, Real Ale and Darts, attracted many females this year, with the darts competition being very closely fought. In addition, a world record for pasta-eating was achieved — 212 squares in $5\frac{1}{2}$ minutes — well done Bill!

Thursday: Barn Dance and Booze

On with the freckles and the straw hats for the week's 'hoe-down'. All participants were skilfully guided through a variety of dances, possibly helped by the river of scrumpy also available!



Tal Jacobson gets 'hit' (*Photo:* **Fuad Hussein**)

Friday: Tarts and Tramps Pub Crawl and Sixties Hop

The traditional tarts and tramps pub crawl brought out its usual army of closet transvestites, who walked with unnerving familiarity in their high-heels. This greatest of Guy's institutions made another £5,000, and allowed people to end the week in a generally hazed alcoholic stupor.

The sixties hop with live band pushed the total money raised up by a further thousand pounds thanks to an incredible turn-out. Well done, everyone!

The week has now ended, the counting of money has continued and the present total stands at £36,000 (with more to come). This, our best year to date, is due to the hard work of a great number of people and in particular Claire, for all the artwork; Hilary and Maria, who coordinated all the money counting; Teddy and Ali, for coordinating the week's events, and Sylvia Sutton, from the Evelina Appeal, for her support throughout. Good luck next year.

RC

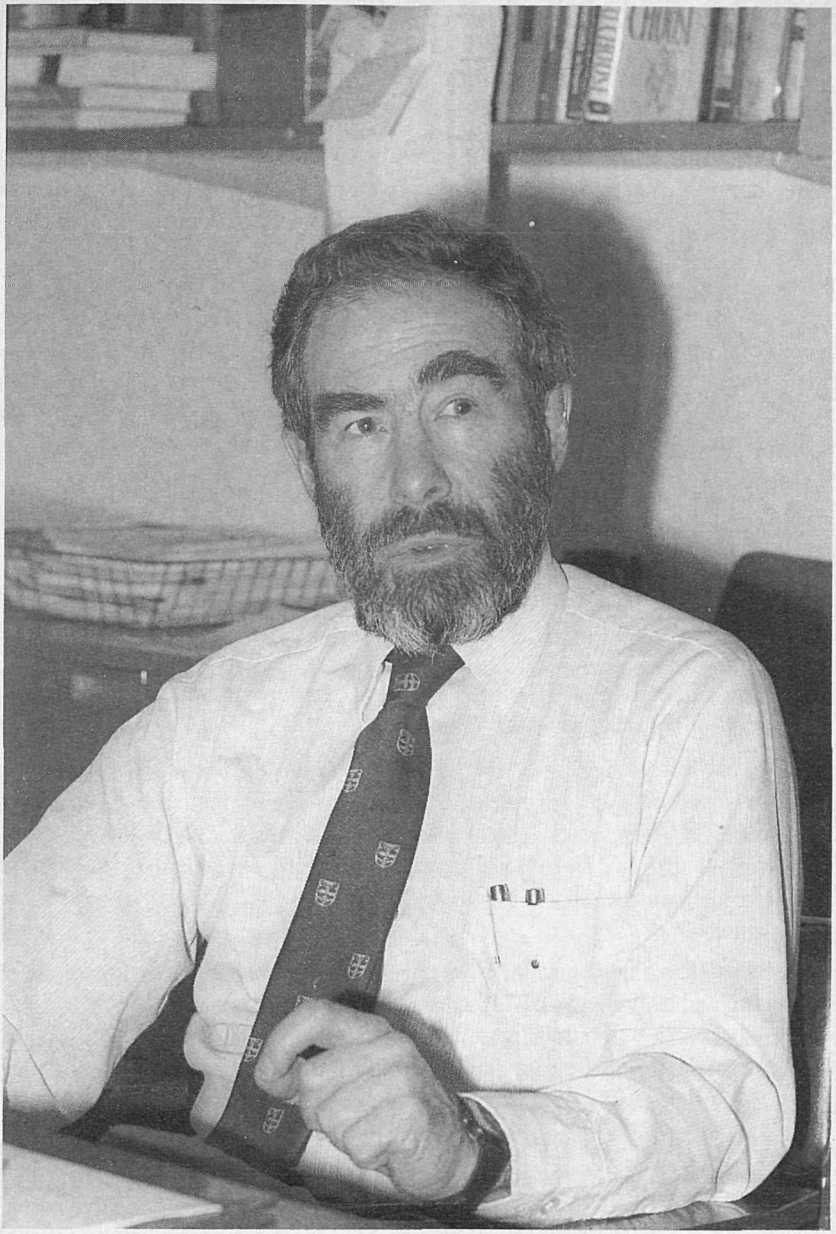
The new genetics
A profile of the Division of Medical and Molecular Genetics

by Mark Slade

There can be few areas of medicine that have seen such rapid development over the past decade as has taken place in molecular genetics. Leading Guy's efforts in this field is Professor Martin Bobrow, Director of the Division of Medical and Molecular Genetics, which incorporates both the Paediatric Research Unit and a regional centre in genetics for the NHS. The division at Guy's is probably, according to Professor Bobrow, among the largest and most broadly based in the country.

I asked Professor Bobrow for a brief overview of the activities of the division. They divide broadly, as one might expect, into clinical services, including genetic counselling and laboratory services, and research.

In genetic counselling the division repesents the only formal service within the region, and its work here is seen as particularly



Professor Martin Bobrow (*Photo:* **Ron Simon**)

important by Professor Bobrow. I asked him if he did not find that it presented great difficulties, particularly in the sense that it involved telling people who previously considered themselves healthy, that they had a 'genetic defect'.

'In fact most people are aware that they have risk factors, usually through there being a relative who has been affected with a genetic disorder. We try to treat our patients as sensitively as we can. This involves having long appointments for each patient, with a short waiting list. None of our counsellors would wear white coats, for example, so that we try to make the atmosphere in the consultation as informal and relaxed as possible. In this respect we are fortunate to have three full-time nurse counsellors, who fulfill a much-needed role by projecting a different image. The advice we offer is always non-prescriptive.'

The laboratory services offered by the division include chromosome techniques, in which over 4,000 tests are performed each year. Half of these are concerned with prenatal diagnosis of chromosome abnormalities. DNA tests are also provided for cystic fibrosis and muscular dystrophy, and there is a specialized biochemistry department.

The division's research efforts centre on the Paediatric Research Unit. What does this do?

'Essentially we are using a molecular genetic approach to human disease. As an example, we have an expert group working on factor IX deficiency. This may have a number of different point mutations, and by being able to characterize them we may be able to develop methods of family tracing, which are important in counselling.

'Ann Harris is working in the PRU on cell culture systems for studying cystic fibrosis. These will enable her to develop gene libraries for the disease, and also to study the properties of the ion channels in affected cells. It seems to be an abnormality in chloride ion transport which is the main problem in cystic fibrosis.'

One exciting new technique that is used within the division is gene amplification using the polymerase chain reaction. This is a method of producing a large number of copies of a selected segment of DNA, by successive, timed incubations of the sample with bacterial DNA polymerases. Within three hours approximately thirty cycles of replication can be completed, thus amplifying the original gene segment one billion times, and providing sufficient material to enable direct visualization of the result using fluorescent

dyes. Because the polymerases only work on a segment of the DNA that has been marked with appropriate genetic markers, only the segment of interest (usually a disease gene) will be amplified. The power of the technique lies in its speed and simplicity. David Bentley, who uses it at Guy's, explains.

'Previously, genetic diagnosis relied on Southern blotting, which required a large number of steps, a lot of radioactivity, and took two weeks. With gene amplification, one can work with a much smaller initial sample, and yet produce enough material to reach a diagnosis without using radioisotopes, within six to eight hours. The technique is so quick that in principle it should be possible to produce a library of the genetic defects of all UK haemophiliacs within five years.'

Another, much more controversial, potential use of gene amplification is in the prenatal diagnosis of genetic disorders in embryos produced by in vitro fertilization. The idea is that a couple at risk from having children with genetic diseases would elect to conceive by IVF; a sample of three or four cells would be taken from each embryo, and only those embryos shown to be free from defects after gene amplification would be candidates for implantation. Experiments of this kind in Australia have been the subject of sensational press coverage in recent months, and have led to increased efforts on the part of those who oppose all experimentation upon embryos of any age. David Bentley doubts whether many mothers would wish to pursue the IVF route, however, even if such a facility were to become available.

'In vitro fertilization involves the prospective mother in a number of trips to hospital, to receive hormonal stimulation of her ovaries, and neither the collection of the ova nor their subsequent reimplantation are pleasant procedures. Many women may prefer to conceive naturally and await the results of more conventional prenatal diagnosis.'

Professor Bobrow sees three main tasks facing the division of molecular genetics in the immediate future. The first is to define the

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mutations involved in a number of important diseases to a high level. Examples would include Christmas disease and Duchenne muscular dystrophy. Secondly, he would like to see the division play as full a role as possible in the proposed worldwide project to map the entire human genome. Finally, he would like to see established population screening programmes, using either biochemical assays or gene probes, for disorders like Tay-Sachs disease.

A continuing part of Professor Bobrow's work is the pursuit of funding for the division. The division has benefited from a very generous endowment from the Spastics Society, but gains no really appreciable support from university funds. As a consequence, many of the staff of the division are paid with 'soft' research money, and in spite of some success to date in attracting funds, Professor Bobrow would like to be able to attract much more support in terms of endowments.

Professor Bobrow came to Britain after gaining his undergraduate education in Johannesburg. Once here, he worked in the MRC genetics unit in Oxford, where he studied cell hybrids in the chromosome laboratory. From Oxford he moved to Amsterdam, before joining Guy's in 1983, in his current role as director of the division. We wish Professor Bobrow good luck in his efforts to steer the division of medical and molecular genetics through the ethically and technically turbulent waters of modern genetic engineering.

Guy's Hospital — 250 years

Have you ever wanted to know more about the history of Guy's? What was student life like in the nineteenth century medical school? What happened in the Residents' Plays of the forties and fifties? How about nursing, midwifery, the Wills Library? Or the early days of X-rays?

This 240 page, illustrated paperback gives a history of the achievements in every field of Guy's life for the past 250 years, and is available for only £2.95, including postage and packing, from the Gazette office. The book makes an ideal gift, and only a limited number is available.

Please send cheques or postal orders, made payable to Guy's Gazette, to Guy's Hospital — 250 Years, Guy's Gazette, Boland House, London SE1 9RT.

The Globe and the Rose
A talk given to the Quodlibet Society by Sam Wanamaker

Reviewed by Jane Miles
First-year medical student

Sam Wanamaker. I had heard the name, of course, but I was not exactly sure what he had been involved in, so I had to resort to *Who's Who*. I found that the answer was 'everything'. The list of this accomplished American's achievements includes acting in, directing and producing plays, operas, films and television programmes. His talk was centred on one of his enduring commitments, as founder and executive vice-chairman of the Globe Playhouse Trust.

While still in America before the war (yes, although he looks barely 50, Sam Wanamaker is actually approaching 70), he joined the Globe Shakespearian Theatre Group, which took him to the many re-created Globe Theatres around the US. On arriving in England in the early 1950s, he was astonished to find that on the site of the original Globe Theatre there was merely a plaque commemorating its existence. Surely this was the only truly suitable place for a replica of the Globe Theatre?

Sam Wanamaker had the vision of reconstructing the Globe Theatre on its original site in Southwark, thus providing a centre for the wheel whose spokes he had already visited in the US. His first proposals for such a project were put forward 20 years ago. They met with opposition from Southwark council, which felt disinclined to trust an American — and an actor, to boot — with the development of a civic amenity. It didn't want a Disneyland, it wanted more council housing. Mr Wanamaker's argument was that it would be of immediate benefit to the people of Southwark, bringing jobs and prosperity to a run-down borough.

One factor which helped to persuade Southwark that the idea was worth pursuing was the discovery of the foundations of the Rose Theatre — a smaller Elizabethan theatre — a mere 300 feet from the site of the Globe. This discovery not only helped to stimulate interest in the Elizabethan theatre, but it also provided much valuable information about the architecture and construction methods of the time. As I write this, efforts are being made to try to persuade

the developers of the Rose site to preserve public access to the foundations — efforts which seem likely to be successful.

But why build yet another replica of the Globe Theatre? Sam Wanamaker's idea is to create an educational centre for people of all ages: children, scholars, actors, anyone. The theatre itself is to be the main attraction of a centre which will include another, smaller, theatre, as well as shops, restaurants and studios. In all, the aim is to construct a cultural centre in Southwark with true historical foundations, and thus to prevent yet another area from falling prey to large office developments. Mr Wanamaker's track record in helping to preserve historic Southwark is impressive. It was he who was responsible for maintaining the glory of the George Inn by advising the Special Trustees in the redevelopment of the surrounding area, including the provision of new nurses' flats for Guy's Hospital.

How similar to the original will it be possible for the Globe to be? It was in answering this question from the audience that Sam Wanamaker's true enthusiasm for the project became evident. He explained how he intends not merely to reproduce the building, but also to capture the whole atmosphere of a theatre of the period. It will be demanding for actors and audience alike. The actors will have no lighting, scenery or amplification. They will have to create the whole picture, as their predecessors did, from the language of Shakespeare alone. Similarly, the audience will have to forget the usual conventions and focus their attention and trust wholly upon the actors.

The building of the complex is to begin next month, between the Anchor pub and Southwark Bridge. It will be another 18 months, however, before work is started upon the reconstruction of the Globe itself. This is to allow excavations to continue, in the hope that these may throw further light upon Elizabethan building methods. As far as possible the materials and dimensions of the original will be copied faithfully, with the only compromises being dictated by modern safety regulations. Even these, it has been pointed out, might not be strictly essential, since the building has already been 'fire-tested'. It burnt to the ground during a performance in 1608, when 3,000 theatregoers were able to leave unhurt through only three exits!

Sam Wanamaker gave an excellent talk which threw a great deal of light on the history of the Borough, of which I am sure many of us were unaware.

Who Filled Roger Rabbit? The BDS Revue 1989

The history of the 2nd BDS revue has been shorter than its medical equivalent, and was widely considered to be the 'little brother' of the two; especially after productions from previous years, such as *Fatal Extraction* which lacked the humour and variety of the 2nd BMS revue, despite being better organised.

This year's production: *Who Filled Roger Rabbit* promised to be a considerable improvement. Produced by Neville Naterwalla, a veteran from *Fatal Extraction*, and directed by Sohaib Safiullah and Jim McCullagh, the former having considerable stage experience. By all accounts, the revue fulfilled its predictions. The sketches were original and contained a mixture of witty humour and spicy innuendo. It was refreshing to see not only lecturers, but also many students satirised. This was matched by some excellent performances by Sohaib Safiullah and John Bowden, both experienced thespians. The evening also revealed the talents of performers unknown to the Guy's Hospital Stage. Jim McCullagh, who played a dotty A-level student in *Deaf Interview*, arrived with a six-foot cast of a whale and a hearing aid that managed to pick up every short-

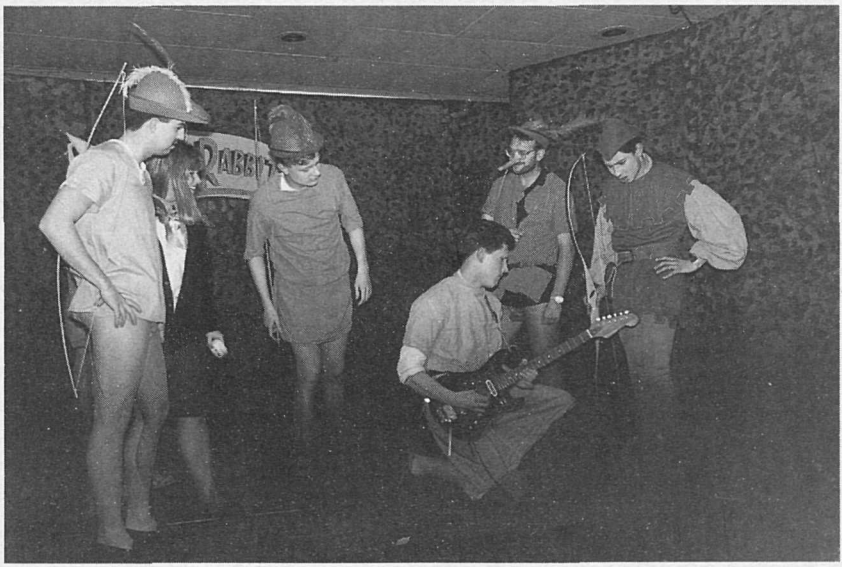

Photo: **Arian Lawrence**

wave radio message in London! Pat Kennedy produced a skillful and amusing impersonation of Dr Tamar while Jeremy Worth mimicked Dr Burn-Murdoch. The all too popular crib sheet was only needed in the penultimate sketch *An Old Git Remembers*. Unfortunately it proved too difficult simultaneously to read, act and respond to hecklers.

Supporting the major actors was a large and enthusiastic chorus which danced and sang with precision; especially in *The Way I Fill Your Teeth* and *Rowe a Dean*. A compere, Pirooz Ali Zia, held the sketches together and was able to play to a difficult audience, keeping the momentum going during hurried scene changes while weeding out hecklers.

The first sketch started with the thunder of *Carmina Burana*, introducing Tim Earl as an effeminate and pouting *Conan the Demonstrator* who, once overcoming stage fright, began to relax and improve his timing, delivering his jokes with precision. Here a special mention must be given to Ed Conley and Gavin Seal for the synchronized sound and light crescendo.

After *Deaf Interview* came the main sketch of the revue, an epic three-scene story of fairytale folk in the dental departments of Guy's. The story opened with a fluent Van Halen guitar solo by Matt Mclaughlin, spoilt only by the low volume. He then introduced *Lumsden Hood* (Safiullah) and his merry men, who galivanted around the stage on a pantomime cow looking for the lost *Maid Maph*. Guided only by *Brian the Plater* (alias Jim McCullagh) they set out to overcome *King Tamar* and his evil henchmen; Burn Murdoch and a cold, audience-silencing *Eric*, played by Tim McDonagh.

The Way I Fill Your Teeth starred Neville Naterwalla as a Michael Jackson lookalike, who danced, begged and even cartwheeled around the stage to throw his arm around Rhian Beck's body. This glossy version of a dentist's surgery was interrupted by a bewildered floor cleaner (John Bowden).

The following sketch starred John Bowden as a games show host with Sheilah Owen as his assistant in *The Resit Review Board*, deciding the fate of failed students, one of whom hadn't even taken any summer exams, let alone failed any.

The revue ended with an audience participation song, *Wellhung Ploughboy*, involving the whole cast but sung for the most part by Grant Harris (ploughman) and his wife Catania Rankin. The song

was so successful that there is a rumour that the 2nd BMS is considering it for their revue.

In summary, an evening enjoyed by all. I look forward to seeing next year's performance. Well done, and Tufty badges all round!

A Lawrence

The University of London Air Squadron

by Moeen Panni
Second-year medical student

How would you like to learn to fly under the best flying instruction in the world, and not pay a penny for it? All you have to be is British, have at least two years of university left, and be 23 and a half or less upon graduation. If this seems all too good to be true, join the University of London Air Squadron and see for yourself.

ULAS is the largest university air squadron in the UK with 130 members, of whom 70 are flying members and the remainder are cadets who will enter the non-flying branches of the service. The squadron annually recruits students to the RAF voluntary reserve for two years. There is absolutely no obligation to join the RAF afterwards. The aim is to encourage young budding pilots to join up after graduating, should they show the necessary ability and interest.

The procedure for joining the ULAS is simple. You apply in late September for an interview, which occurs in October, with two senior RAF officers, after which you will receive an extensive medical. You should not, therefore, apply if you suffer from any medical conditions such as heart murmurs. You should also have good eyesight, although it doesn't have to be absolutely perfect.

You then have a very long wait while your security clearance is obtained, provided you are one of the thirty people selected at the preliminary stage. In January you are inducted as a fully fledged member of the squadron and your flying training begins.

The squadron flies at RAF Abingdon, near Oxford. All travelling costs are paid. Each student is issued with full RAF flying kit: suit, boots, helmet and gloves as well as full RAF uniform. You

will be trained on the Scottish Aviation Bulldog, which is a single-engined, twin-seater, fully aerobatic aeroplane. After 12–13 hours instruction most students reach the standard where they can be allowed to fly solo.

When not flying ULAS members retire to the officers' mess, where they are treated as officers and enjoy all the facilities offered to them. This includes all the sports on the base — squash, badminton, hockey, rugby, snooker and a very cheap bar.

Back in London, students and instructors meet every Thursday evening for a short lecture by an invited guest on a flying-related topic, followed by more cheap beer. The main idea is, of course, to fly. All instructors are fully qualified RAF pilots, many having just come off fast jets for two years to instruct ULAS members.

I would say ULAS is one of the best clubs in the university. Competition to get in is keen, but there's no harm in trying. Why not give it a go?

Moeen relaxes after a flight

Sue de Monas

I was interested to read in the BMJ (22nd April 1989) about the hazards of long distance cycling on hard, narrow racing saddles. Apparently, for those unused to the experience, impotence can result. I do hope this does not affect a certain member in the Obstetrics Department, who cycles to Brighton occasionally in aid of charity! — or perhaps this is compensated for by his fabulous Balls in the summer.

I was amused to read the preface of the 37th edition of *Gray's Anatomy* published this year, exerpts of which appear below...

Human Anatomy is a part, not merely of medical science, but also, beyond that, of biological knowledge, and beyond that also a part of the totality of mankind's understanding of his universe... There are, in fact, no real boundaries between 'anatomy' and all other fields of human enquiry, including not only the supposedly separate Sciences but also, to some extent, the Arts; the human individual has not only applied himself to the creation of innumerable skills and crafts for mere survival, but has, in the unceasing development of mind, evolved the arts — painting, literature, poetry, music, sculpture and drama — to enrich our culture... Human beings are social animals — like their forebears — and mere aesthetics were not long sufficient; individuals are parts of communities, themselves parts of races, continents, a world, an earthly biological system, beyond which extend planets, stars and nebulae. For the sake of order in a community, morals, ethics and religions inevitably evolved, side by side with attempted explanations of the Universe, the totality of what is...

I can understand why specialists feel the need to remind us of the relationships between their speciality and 'the population out there', but I never realised that that population extended to those living outside our solar system. Should *Pseud's Corner* be informed? Medical advice to desperately revising final year students. Don't seek medical advice if you suddenly start suffering from palpitations, irritability, tremor, sleep disturbances wheezing and polyuria, just stop drinking so much coffee and cut your cigarette consumption down to fifteen or twenty a day. OK?

Notes from the Clinical Superintendent

For many years, the cry in the NHS was that it was impossible to get things done and that real change (as opposed to administrative reorganization) was painfully slow and difficult to achieve. That, at least, has changed with a vengeance, and the past year in the NHS as a whole, and at Guy's in particular, has seen an extraordinary amount of change, and the pace looks certain to quicken. The Government is tied to a break-neck political timetable about which the profession is now crying 'foul', 'impossible', and 'we need pilot studies'. The belief that we can once again get back to a period of stability in the NHS is surely illusory as anyone who has read Sir John Harvey Jones' recent book *Making It Happen* (required reading by Clinical Directors at Guy's), in which he points out that any successful modern organization should be concerned above everything else with promoting change and looking after its people.

The White Paper on the NHS contains many good things, but it also says very little, if anything, about many important issues. To judge from the debate in the media, it is all about GPs' budgets and opting out, and anyone who reads the papers could be forgiven for thinking that Guy's had made a decision to become self-governing within a day or two of its publication. The reality is different. There has been much debate about the issue of self-government and there is a lot of unease and many misgivings among the staff. The choice, though, is not between self-government and the *status quo*, but between two forms of existence in which hospitals will have to earn their keep by providing the right services at the right prices to health authorities. It is clear that many of the concerns expressed cannot be answered without detailed discussions with the Government, and it is equally clear that those who take part in these discussions at an early stage will be able to influence the directions in which things move. On this basis, the Hospital Management Board has decided to register its interest in having discussions with the Government about becoming a self-governing hospital trust within the NHS. That is all that has been decided, and the final decision on this fundamental issue will have to be taken when most of the answers to the questions which everyone is asking are known. Readers of the *Independent* (by far the best informed newspaper on the NHS) will have read that Peter Griffiths, until recently our extraordinarily

effective District General Manager, and now General Manager of the South East Thames Regional Health Authority, has been appointed to Chair the Committee in the Department of Health preparing the way for NHS Hospital Trusts. To do this he will be resigning from the RHA, but he will also be helping Guy's to look at the multitude of issues which would have to be addressed if we were to become a hospital trust. This aspect of his work is to be funded by yet another very generous donation by Sir Philip Harris.

And now to Phase III. As I suggested in my last contribution, the costs of this major project have increased enormously for all the usual reasons. We have now, however, an agreed cost of £89 million and, more importantly, we have the money — thanks to huge contributions by the Department of Health, the Special Trustees, and Sir Philip Harris. Because of this great change in cost we have been required to represent the project to the Department of Health, but we very much hope that the project will be given the final go-ahead in mid-summer. Meanwhile, planning continues at a tremendous pace. Indeed, we are managing to keep up with a self-imposed timetable which is as fast as that which would apply in the private sector. We have also been given permission to go ahead with a number of enabling and preparatory projects which must surely all go well for the right decision in July.

As if the parking and congestion of the Guy's site was not always pretty dreadful, things are getting worse by the week. To add to the construction traffic of the bunker being built at the west end of New Guy's House for the new linear accelerator, a number of new schemes — mostly to clear the ground for Phase III — are due to start. The oxygen storage tanks are to be rebuilt on the grass at the back of New Guy's House, the oil tanks are to be sunk in a huge hole just outside the boilerhouse, and a new £4 million Renal Unit is to be erected on the roof of the link between the Tower and New Guy's House. This will house the present Bostock House and the Tissue Typing Laboratory and will link in with the Renal Ward and other facilities in the main new building and so prevent the main Phase III scheme having to be phased because it will extend on to the site of the present Bostock House. Finally, a shop for cakes and other take-away foods is being built next to W H Smith's in the existing bakery. For the next year the noise, dust and congestion is going to be dreadful, and while the steelwork for the Renal Unit is being erected, we shall have to shut for several hours each day, even to blue light ambulances!

It is a pleasure to report the opening of what we are calling The Conybeare Club. The three rooms on the first floor of Boland House

which used to be the Residents' Mess have been in disuse for a number of years. Social changes together with the on-call rota arrangements mean that very few residents make their off duty life in the mess. We felt the opportunity existed therefore to combine a kind of senior common room where staff can get sandwiches and coffee and read the paper at lunch with the more traditional residents' mess activity, and we opened for business on 1st March. The bar is open every evening and so far it has been a great success. You can recline on a leather sofa in the large sitting room in a clubby atmosphere hung with good pictures, admire the wall of external carvings in the bar, or watch television. We are very grateful to the Special Trustees, the Hospital and the School for making it possible to do up these rooms, and we shall keep them up with the help of a modest membership fee. It is open to all medical and dental staff, senior nurses and managers and at long last we have somewhere where school and hospital staff can meet and talk. We feel that Sir John Conybeare would approve of this new facility which has been needed for such a long time.

Max Rendall

Physiotherapy Notes

By the time this article appears the decision on the future management and organization of district-managed services within the priority care unit may well have been taken. The six week consultation period extended from 17 April to 26 May 1989.

Physiotherapy is one of the district-managed services, with chiropody, dietetics, occupational therapy, psychology and speech therapy. At present the superintendent physiotherapists in community health services and in the services to people with learning difficulties are responsible to the district physiotherapist who is responsible for the service to patients, postgraduate education, professional development, quality assurance and service development on a district-wide basis.

The proposal is that these two superintendents, together with their staff and services, become managerially responsible to the respective service directors in priority care, but remain accountable to the district physiotherapist for professional, educational and quality assurance matters.

It seems the 'need for change' (at all costs?) presumes the 'natural progression' to be to oust a successful management structure — with minimal beaurocracy — which delivers an effective, efficient and flexibly responsive service to the patients, with an ideological structure which is unwieldy at best. I do not dare to consider what it may be at worst. In a complex service such as priority care, it is essential that all the components of the possible response to patients' needs are coordinated, to enable the appropriate care to be given. Overlap and loopholes are two particular problems which must be 'managed' to ensure that the necessary services are given to the patient in the most cost-effective manner. The system is such that liaison occurs at patient-related levels. Discussion is pertinent to that patient and is an integral component of multidisciplinary team work.

There are very few physiotherapists working in these areas. If the superintendents — who carry large active case loads — are to spend more time in meetings in order to discuss policies that were previously worked out with the district head, it is obvious that less patients will receive treatment. If the patients have to be treated by the more junior members of staff the actual quality of service and treatment will suffer. What duties, services or patients will drop off the bottom of the pile as responsibilities are pushed down? Surely there will not be extra money to employ more workers to pick them up.

The general management concept is excellent in that everyone is responsible for ensuring that quality services are delivered appropriately. The physiotherapy service runs on general management lines in this respect. It is, I believe, one of the few services in the health authority in which every person — from the district head to the newest recruit — has a regular job performance and personal development review, is set objectives and has them reviewed at regular intervals. I believe it is not possible to maintain professional standards of care to the patients if the reviewing person does not hold both managerial and professional responsibilities. The service to the patients surely will be eroded. It will be a slow process but I envisage a time 5–8 years hence when there will be another reorganization.

Why set about changing one section of the physiotherapy management structure in isolation? Surely it would be more sensible to await the implementation of Griffiths and the decisions regarding the White Paper, and then make an informed, coordinated change if that would appear to be needed. Is this reorganization along one

set of 'general management principles' really working for patients? Or is it setting up another bureaucratic management structure? Maximum flexibility and goodwill at service-provision level are the principles that maintain superlative services. I hope the baby is not put out with the bath water.

Diana Innocenti

Nursing Notes

Keeping up to date

Increasing specialization and advancing use of technology in nursing has led to the proliferation of courses and the constant need for updating. It may have been thought appropriate at one time for a nurse to achieve Registration and then rest assured that this was an adequate qualification for a lifetime's work. I doubt if this was ever really the case; but the trend for continuous re-training only reflects the world we live in, where 'change' is the all important word.

If we cannot adapt and change to follow modern methods, both in clinical and management practices, then our career is at an end. Even the requirements have dramatically changed. I recall, a good many years ago, when embarking on my first post-registration training, that a simple letter from my original hospital to the new one where I intended to enroll was a sufficient reference to gain entry to a course lasting twelve months. Recently I was called to an interview on the south coast for a course which lasted a few weeks only. The selection of candidates has become much more significant to the organizers and tutors of courses. The course came under the auspices of the English National Board; thus it started with ENB and a number, as in ENB 999 — leaving one wondering whether the 'E' stood for a healthy additive! The necessity for pursuing courses and updating is clear. Firstly, long courses, several of which are available at Guy's, are a requirement for promotion within a particular field. Secondly, if we don't keep up to date then our entitlement to practise may be put in jeopardy. It is not compulsory under UKCC rules at present to attend updating courses, but this will undoubtedly become so in the future. This has long been the case for midwives and it is surely only the practical difficulties, with nurses spread among so many specialities, that have prevented the UKCC from already setting these proposals in to action.

Nurses returning to practise after several year's absence are provided with 'refreshers' in many hospitals; only the cost of sending more nurses on courses prevents this being more widespread. Furthermore, the continuous assessment of practical training on the wards means that the ENB sets standards for the assessors each of whom is expected to have completed a course in these examination methods.

Another subject often aired is the 'extended role' of the nurse: expansion of duties has taken place in most special areas that take nurses beyond the basic curriculum of knowledge. This inevitably means introducing new procedures and practices for nurses, and this involves the ENB in establishing recognized training for those who are to fulfill these extended roles. There are few areas of nursing today where basics are not exceeded. But clinical specialists may easily and quickly lose touch with domains beyond their ken. A short revision in the latest resuscitation procedures is among those we have recently been invited to attend at Guy's.

On the other hand, those of us who have been in a post for a long time benefit from prolonged 'professional development' courses that enable us to review, in detail, the changes going on around us. The message today is adapt and survive, or fall by the wayside. Surely a good evolutionary theme?

Denis Cobell

Guy's Hospital Gazette

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Book Review

A New Short Textbok of Orthopaedics & Traumatology.
Sean Hughes.
Soft Cover.
Edward Arnold.

This addition to the unsatisfactory range of orthopaedic texts for medical students is, on the surface, attractive and distinctly 'user-friendly'. Its large format abounds with diagrams, X-rays and short blocks of text separated by clear headings. Its 230 pages have a commendable content of traumatology and a valuable chapter on the soft tissue conditions beloved by examiners. Unfortunately, its suitability for the intended market ends here. All the important facts are present, but often lost in confusing, poorly worded text. In contrast to the excellent radiographs, the drawings and diagrams are unhelpful and wasteful of space. The discussion and illustration of fracture and dislocation types is too comprehensive for the student, whereas the crucial areas of clinical examination and terminology contain confusing explanations in stilted prose. Accompanying diagrams demonstrate obvious points when difficult points go unillustrated.

In conclusion, this book joins the ranks of near-miss orthopaedic texts for students. However, on the strength of its easy reference, clinically relevant bias and outstanding range of radiographs, it is to be recommended to those who already have a grasp of the basic subject; house officers, casualty officers and disturbingly keen students.

Dr Paul Halliwell
House Officer

Sport

Guy's Cricket Club 1st XI Fixture List

June

Sa	3	Summer Festival	
Su	4		
W	7	St Thomas's	H 2.00pm
Sa	10	St Mary's	H 2.00pm
Su	11	Brixton W1	H 2.00pm
W	14	UCH Middlesex	H 2.00pm
Sa	17	Old Lambethians	H 2.00pm
Su	18	Rowan CC	H 2.00pm
W	21	St Barts	H 2.00pm
Sa	24	Past vs Present	H 11.30am
Su	25		
W	28		

July

Sa	1		
Su	2	Grays Inn	H 2.00pm
W			
Sa			
Su	8	Dental Staff vs Students	H 2.00pm

UL & UH cups to be arranged.

FOOTBALL CLUB

On Wednesday 26 April the Football Club AGM was held in the small committee room of Boland House. During the past season, the 1st XI maintained

their position in the premier division, finishing in seventh place. The 2nd XI had a very successful year, being promoted to the second division, as well as winning the Junior Hospitals Cup by beating St George's HMS 3–2 after extra time, having been 0–2 down with only 13 minutes of normal time remaining.

The Football Club also undertook a highly cultural tour of Amsterdam during the month of April.

With regard to the subject of amalgamation, it was decided that the club would remain separate for the forthcoming season but with increasing interaction occurring betwen the GHAFC and their counterparts at St Thomas's, with the view to possible amalgamation by 1991.

A special presentation was made to Paul Hendicks. This was the President's Award, for services to the Club. Andrew Mead was elected as Captain for the forthcoming season, to take over from Emin Carapeti.

Mushtaque Ishaque

RUGBY CLUB

Surrey Sevens, 16 April

When it comes to sevens practice, Guy's tends to leave any sort of training until the first game. This can be a very risky tactic in a knockout tournament, but as this one was a round-robin, we relied on drawing an easy first game. This didn't work, when Guy's found itself plunged into a difficult start. Our opponents, Streatham, notched up 8 points from two unconverted tries.

The navy and gold machine returned, through a well-worked move that gave Andy Hall a clear run under the posts. Wayne converted. Next it was Ryan's turn, after a clever little break. The sturdy prop carried his way over. Wayne converted. Guy's then scored another two tries, both converted, and the hospital slipped neatly through into the next round.

When Old Whitgiftians didn't show up, we had a bye. The next game was against Old Alleynians, the host side. With a large crowd present for the home team, the game began accompanied by much cheering and unfortunately it began to rain. The wet conditions, however, did not diminish the standard of play. A succession of clean possession allowed Guy's to demonstrate some entertaining sevens rugby. Pace and flair gave the visitors five excellent tries, all of which were converted by the Guy's captain, Wayne Llewellyn. The final margin of victory, 30–0, was well-deserved, and we left the pitch among the large but very quiet Old Alleynian contingent.

The last game was a lethargic effort from Guy's which began in soaking conditions even though the weather had subsided. Guy's took to the field, but just as kick-off was due, the team seemed to be one short. We discovered that Andy Hall was to take *no* further part in the proceedings. Llewellyn called on Ryan, who was already prepared to take his place as linesman, to play.

Guy's soon scored through Llewellyn II (hooker) in the corner. This resulted in the first unsuccessful conversion attempt of the day. After another try from Guy's in the second half, the game had deteriorated, with Docker showing volleyball qualities in his passing. It all ended as 10–6 to Guy's, Harrovians having grabbed a sneaky try which they drop kicked to convert.

GUY'S SKI CLUB

Easter trip 1989

This year's ski trip to the French Alps provided a combination of excellent

skiing, new experiences and *apres ski* entertainment.

The thirty-one strong Guy's group was overrun by second year medics, eager to enjoy a week's skiing after the pressures of exams. The long coach journey was enlivened by the driver's insistence on showing his 'James Last Plays the Classics' video. We also arrived so late for the ferry, we almost had to swim to Calais.

Once on board the ferry, anxious students rushed to phone London for their exam results. This produced an immediate stampede for the bar, where congratulations and commiserations could be shared.

Our resort was Meribel, the home of the 1992 Winter Olympics. This alpine village is set in the heart of the *Trois Vallées* ski area. It is the largest ski area in the world with 190 ski lifts and 600 km of marked runs. The ability to ski in all three valleys of Courcheval, Meribel and Val Thorens provided many exciting and long interconnecting runs suitable for all levels of ability.

On three days the cloud was so low that visibility was reduced to a matter of yards which, for a beginner like me, made the skiing more a matter of luck than skill. For the remainder of the week, the weather was as perfect as it appears in the glossy brochures with brilliant blue skies and deep white snow cover.

Unfortunately the group suffered a few injuries and various plasters, stitches and X-ray films were carried home as souvenirs of the week. The local clinic with the aptly named Dr Schamasch became almost as popular as the chalet bar.

Apres-ski activities revolved around the bar, where cheap wine and loud music encouraged exciting descriptions of the day's skiing. Particular attention was given to major feats of daring and unusual events.

A midweek trip was made to an unusual fondue restaurant, where meat was cooked directly on hot slabs of rock. A local coffee liqueur served in a carved wooden multi-spouted bowl (and described by most people as 'absolutely disgusting') finished off the evening.

In conclusion the success of the trip was due to the excellent snow conditions, the diligence and organizational skills of the reps, and the enthusiasm and full participation of all the group members.

Tal Jacobson

Hospital Information

Dental School Centenary Appeal 1989

The Appeal Committee gratefully acknowledges donations which have been received between 1 January and 30 April 1989.

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BIRTHS

To Charles and Ann (nee Tuddenham) CLEMETSON, a daughter Emily Ann Tuddenham Clemetson, born on 19 March in Burlington, Vermont.

DEATHS

JEMSON, James, FRCS, formerly consultant surgeon, Lewisham Hospital, died at Goat Acre, Wiltshire, on 15 December 1988, aged 88 years. He qualified from Guy's in 1923.

CHANGE OF ADDRESS

TUDDENHAM/CLEMETSON Ann and Charles Clemetson have moved to Box 980, Ireland Road, Starksboro, Vermont 05487, USA.

LOVE, Julia, and Simon, now c/o Physiotherapy Department, BMH, Hong Kong, BFPO 1.

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The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

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Passim

It only dawned on me when I sat down to write this Passim at the last minute that I have actually been editing the Gazette for exactly a year. Anniversaries of this kind inevitably make one wonder whether one has achieved anything over the period in question. In the case of the *Gazette*, however, I am not really the person to judge, because the proof of any pudding is in the eating.

One person who can look back over a very successful career—by anyone's standards—is Professor Roy Spector, whose retirement from the department of pharmacology, and from his role of medical admissions dean, we are happy to commemorate in this issue. I am sure I am just one of many medical students who has cause to be very grateful to Professor Spector for the imagination and flexibility he has brought to Guy's, and later UMDS, admissions policy, which has given an opportunity to study medicine to many mature students who might have found it difficult to find a place elsewhere. In my own case, for example, I first contacted Guy's at the end of August 1986, while still in a job which required a three months' notice period, and, at 28, being well above the normal upper age limit. Professor Spector responded to my enquiry about studying medicine by asking to see me, grilling me uncomfortably for about twenty minutes, and then offering me a place to start in four weeks' time! This seemed extraordinary to me at the time, but with hindsight I think he was simply, and very effectively, making sure that I was prepared to 'put my money where my mouth was'. Obviously I am very far from impartial in the matter, but I feel that having an admissions dean with that sort of attitude must have helped to make Guy's a more lively and well-rounded institution. I hope all *Gazette* readers will join me in wishing Professor Spector a very happy and fulfilling retirement.

An Apology

In last months' review of the BDS production of *Who Filled Roger Rabbit?*, a number of errors were made. Could all readers please substitute *Charlie Spedding* for *Rhian Beck, Helen Griffiths* for *the pantomime cow, Ed Cowley* for *Ed Conley* and *A Turkey* for *A Lawrence.* We apologise for any distress these mistakes may have caused.

In this issue

This month's *Gazette* is an interview special: Professor Roy Spector looks back upon a career in the department of pharmacology, and forward to a violin-playing retirement, in talking to Aman Coonar; Professor Roger Warwick discusses with Martin Sadler the 37th edition of *Gray's Anatomy*, edited at Guy's; and Ros O'Shaughnessey meets the Reverend Neville Smith, Guy's Chaplain.

Dr Tony Tammar casts his critical eye over *Satanic Nurses*, the 1989 BMS Revue, while Professor Naylor reports on the celebrations surrounding the recent Dental School Centenary. This month sees a bumper coverage of the activities of the Rugby Club, including a letter from India concerning the merger of UMDS clubs, and reports of the annual reunion weekend, and the tour to Guernsey.

Dr Tim Illidge writes of a recent meeting of the Osler Club, which discussed the life of Dr Alfred Salter, a renowned GP of the Borough.

Correspondence

The relevance of BMS

Dear Sir,

I would be grateful for a few lines to outline my thoughts after reading the interview with Dr Robin Stott in the April *Gazette*.

One of my school teachers used to entreat us to stop scrabbling around on the floor with the facts, and to rise to the ceiling to see the processes. This feeling seems to echo Dr Stott's views, and I have always regarded it as very good advice. What I question, is whether a medical student can be expected to rise to the ceiling of neuroanatomy, within the constraints of the BMS course. The CNS is often used to relate basic sciences to clinical phenomena. While the beautiful logic of the relationship is hard to resist, it is, in my opinion, lost on medical students. Neurology is notoriously poorly understood, and having heard Prof Warwick give his superb final lecture at Guy's on the subject of vision, I feel bound to disagree with Dr Stott's assertion of the simplicity of the visual pathways.

I think medical students should learn a wide range of facts; the rise to the ceiling assumes knowledge. The responsibility for the realization of the relevance and applicability of the facts, should be taught during the clinical training and continued during postgraduate years. It should not be assumed on completion of BMS. The clinical material used for teaching should be chosen for its importance, the importance reflecting frequency in the general population, not the particular interests of the teacher. The chest is an easily understood model for teaching the relations between basic sciences and clinical expression. Chest cases are, however, often relegated to the 'a straightforward case of heart failure, why don't we go and see our

patient with Prune Belly syndrome' category and ignored for teaching purposes.

I must say I think Dr Stott would be pushed to find a handful of clinicians and preclinical teachers to agree on '. . . what is truly relevant to most clinicians'. The newly qualified doctor is for all intents and purposes an administrator. He/she has need of very little if any of his/her undergraduate training. The importance of that training only comes to fruition during postgraduate training.

Dr Stott's view that training should be extended even further, by delaying entry, also needs addressing. The training of doctors to senior grades is already up to 15–16 years in some specialities. Does he seriously think that allowing people to 'bum' around for a couple of years will help them?

Having said all this, I have worked in half a dozen regions since qualifying and have found my training compares very well with that of others, from different medical schools.

Finally I should like to commend the Spit ladies for fighting back. It seems inconceivable to me that the Spit should be worse than it was in 1978, when I started at Guy's. In those days dinner of wooden beefburgers and chips was always taken with a handful of cockroaches.

Yours faithfully,

MARK SCRIVEN, FRCS
University Department of Surgery
University of Wales
College of Medicine
Heath Park
Cardiff
CF4 4XN

On nursing and baptism

Dear Sir

In *Nursing Notes*, May 1989, Dennis Cobell comments as a humanist on baptism as one of the rites of passage. Not only are his remarks totally unrelated to anything else, he manages to get them badly wrong.

Nursing has changed beyond all recognition in the last sixty years. So, too, has outlook and opinion in the churches. It is thus quite ludicrous to quote a statement from a book of 1927 as evidence of the contemporary understanding of the doctrine of baptism.

However, these columns were not designed for theological debate. Neither are the *Nursing Notes* an acceptable vehicle for side-swipes at Christian belief and practice.

Yours faithfully

REV NEVILLE SMITH
Chaplain

Merger with St Thomas's RFC

Dear Sir

I have been moved to write to you, after rumours reached me on the subcontinent, of the possibility that Guy's Hospital RFC may merge with St Thomas's to form some amorphous blob described as UMDS, a less than lyrical title. In my capacity as a vice-president of the club and guest player for more seasons than I care to specify I must inform of the disquiet such a move has provoked amongst rugby enthusiasts in this far flung corner of the globe. I am inescapably drawn to consider other examples of an equally dramatic nature, the Disestablishment of the Church of England and the Reform of the Official Secrets Act are but two that spring to mind.

To allow the oldest rugby club in the world to be reduced to four initials that have all the charm of a Rumanian industrial estate on a wet December evening strikes me as both banal and insensitive. I dread to consider the possibility that such a move is merely a precursor to turning the athletic ground at Honor Oak Park into either

a theme park or a high rise development. I would like to think that in these days of homogeneity some forms of individuality can remain sacrosanct.

Yours faithfully

IAN A NEILL
Attaché
British High Commission
New Delhi 1100–21
India

Gazette profreeding

Dear Sir

On arriving at page 166 of the current *Gazette* (May 1989), the headline seemed to promise that Martin Sadler was about to deliver a laudatory article on one of the Hospital's favourite sons, and this would have been most welcome. But on reading further, as I did, no mention of 'Batch' materialized—but rather names unknown to me—and it finally dawned that the 'proof-reading' of the *Gazette* is not dissimilar to that of other publications. (*A head will roll—Ed.*)

Yours faithfully

DR E M NEWTON
Netherfield
Cobham
Kent
DA13 9BA

The new Gray's Anatomy

Dear Sir

The proper place for acknowledgements to the contributors to this work is in the book itself. The letter from the editorial team in the April issue of *Guy's Gazette* in no way makes up for serious omissions which cannot remain uncommented upon.

In my own case, many of my illustrations (which attracted various awards to the 35th edition in particular) are strikingly evident in the new *Gray*. Yet all acknowledgments to me have been deleted. Why?

Yours faithfully

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News in Brief

Local GPs want say in Guy's opt-out

GPs from the Guy's catchment area are in opposition to plans for the hospital to opt out from health authority control, and are demanding a ballot on the hospital's future.

The 100 GPs in the Guy's district are represented by Dr Mervyn Rosser, who claims that they are 'solidly against' any move which would lead to them having to send patients for large distances to seek treatment. This anxiety arises from the fear that the hospital will choose to drop less profitable services if it should decide to opt out. The services causing particular concern are geriatrics, rheumatology and psychiatry.

GPs are represented on Guy's management board, however, by Dr Ray Pietroni, who has ruled out any prospect of a GP ballot on the hospital's future.

Professor Chantler to join NHS management board

Professor Cyril Chantler is to be congratulated upon becoming one of only two medical representatives on the newly announced NHS management board, a role he shares with Sir Donald Acheson, the Chief Medical Officer. Professor Chantler served for three years as chairman of the Guy's management board, experience which has clearly stood him in good stead for selection by the Department of Health. Readers who would like to know more about Professor Chantler's attitude to management are recommended to read his article in the British Medical Journal of 4 June 1989.

Guy's new switchboard hits the news

Guy's investment of £1.2 million in a new Philip's Sopho S2500 digital switchboard has made it the subject of a special feature in the May 1989 issue of *Communicate,* a journal for 'telecommunications and datacomms users'. This fact was kindly brought to our attention by Dr Terry Gibson of the department of rheumatology, who clearly displays a keener-than-average desire to keep abreast of the specialist literature.

The article takes the form of an interview with Dr Tony Selman, director of works for Lewisham and North Southwark health authority, who describes the installation of a Philips switchboard in an institution sharing the same name as, and bearing a

remarkable similarity to Guy's. Indeed, it only becomes clear that he is in fact describing a different place when we learn that in this other institution the installation was apparently a 'feat of logistics and technical expertise—but it went very smoothly', a remark which will undoubtedly bring a wry smile to the lips of many *Gazette* readers who work at the hospital. Dr Selman is quite sure that he has 'chosen the right system' for this other hospital, where, apparently, clinical directors face strict credit control: 'if he doesn't pay the bill, then his phones will be cut off, just as surely as beds are closed'. He insists that this is not an empty threat, because 'Maggie's running the show now!' The editor is not aware of a lady of this name having taken over from Dr Hugh Saxton, but then Dr Selman may have access to sources of information not available to the *Gazette*.

We would like to thank Dr Gibson for sending us a copy of this interesting article.

Gazette caption competition

We have received four entries for our caption competion, which appeared in the April issue of the *Gazette*. The three winning entries, which each qualify for a £5 prize, are:

Thomas and Guys Hair School—transplants available for both the head and the body. (Mr Peter Holmes)
UMDS transplanted (Anon)
UMDS 'Head' Office (Margaret Fendick)

Guy's and St Thomas's Historical Essay Prize 1989

The Lord Brock memorial trust, which is responsible for the old St Thomas's operating theatre and museum opposite Guy's, holds an annual competition for an historical essay on a medical subject. The prize is £100 and the winner is also granted three years honorary membership of the faculty of the history and philosophy of medicine and pharmacy, Worshipful Society of Apothecaries.

Prospective entrants should obtain approval for their proposed subjects from Professor I McColl, director of surgery (if based at Guy's) or Mr B T Jackson, consultant surgeon (if based at St Thomas's). Any medical historical subject can be chosen, but there should preferably be some connection with Guy's Hospital or St Thomas's Hospital or the medical schools.

Essays should be typed and of not more than 5,000 words. Three copies should be submitted to Mr Jackson or Professor McColl. Publication will be encouraged.

The competition is open to everyone associated with Guy's and St. Thomas's Hospitals. The closing date is 28 February 1990.

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The Retiring Pharmacologist — An interview with Professor Roy Spector

by Aman Coonar

Professor Roy Spector is professor of applied pharmacology at UMDS. He must also be one of the best known characters at Guy's. As admissions dean, first for Guy's and then later on for UMDS he was, for many generations of students, the first member of the Guy's staff that they were to meet. This year, this tradition will be coming to an end with his retirement from UMDS. I spoke with him and asked for some reflections on his years in medicine.

First of all the obvious question, what led you to become a doctor?

Well, at school I am afraid I was a rather poor student, but there was something about the sciences which I found quite interesting. I learnt no biology at school, but I became absorbed in biological and medical matters which I read about in the public library. I remember, for example, finding rather good descriptions of Jung's work and of exercise physiology.

Was there some sort of family interest in science or in medicine?

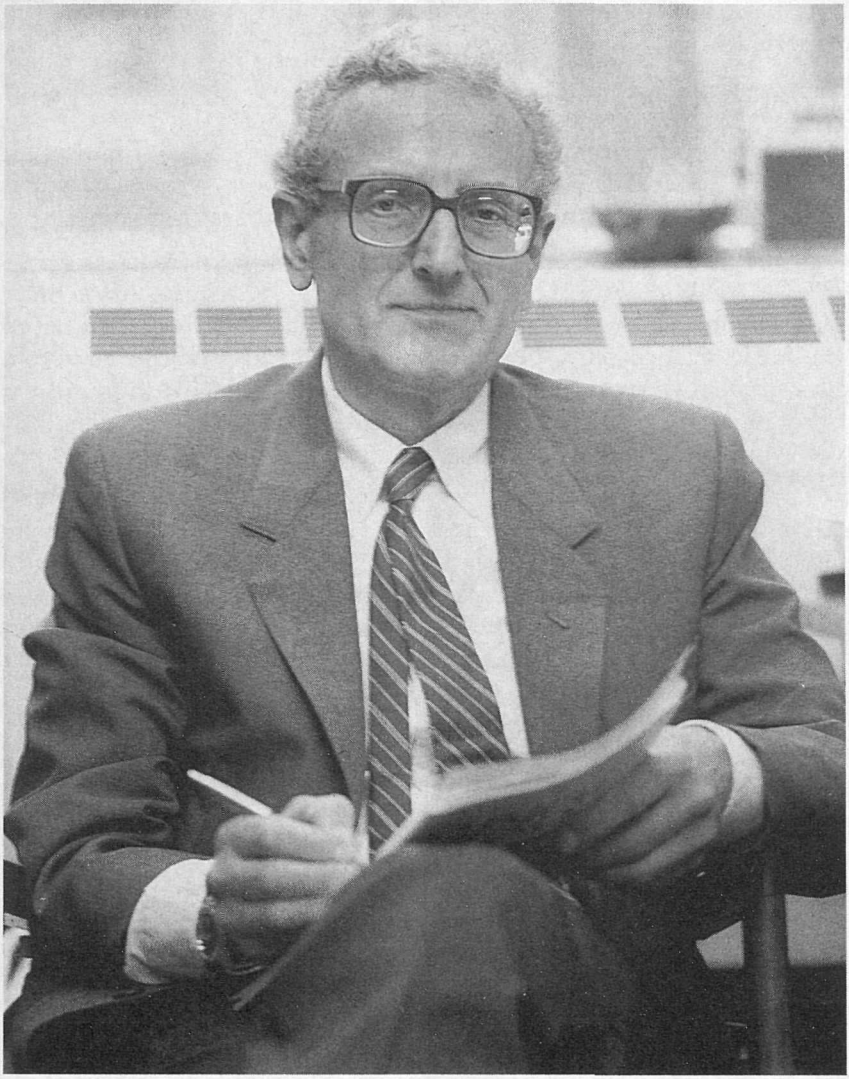
Not before my generation, apart from my maternal grandmother who was an amateur obstetrician. My parents were musicians. My brother was a wrestler, but is now an academic.

Tell me about your parents.

Both of their families came to England from Central Europe at about the turn of the century. My father is from Lomza, (which is now Polish), and my mother is from Nejin, which is no longer on the map but was, I think, between Vilna and Riga in the USSR. My father is a violinist and played in tea rooms, dance halls and palm court type of places. My mother is a pianist and taught the piano in Leeds. She had some contact with the Waterman family — but even though a superb pianist, was not nearly as distinguished as Fanny Waterman.

A propos your brother's experience, do you think that some time out of academe before university may be a good thing?

I do not think it possible to derive general rules from my brother's experiences. However some students starting medicine do seem a



(*Photo:* **Ron Simon**)

little immature. Also some of our most interesting students are those who entered medicine later than the average. I think that it is a shame that we are now getting fewer applications from people with arts backgrounds and from people with other non-biological past experience.

Why do you think that is?

Almost certainly because it is actually very hard to find funding for a second undergraduate degree course. However, another factor is that gifted people are drifting in greater numbers into commerce.

Did you enjoy medical school?

Yes, I thought it was marvellous. I enjoyed most of the course, even the basic science part, but particularly clinical medicine. I found haematology very aesthetically pleasing — I have always found the different blood cells to be very beautiful, especially when stained by the May Gruenwald-Giemsa technique. I wasn't, I must admit, particularly interested in pharmacology or therapeutics.

Was there any part of it which you didn't enjoy?

Apart from exams and interviews, which I was terrible at, no. In fact I don't think I've ever passed an interview in my life. But apart from that I wasn't particularly bad at anything.

So when did you come to Guy's?

It wasn't until quite some time later. After I finished my house jobs which were up in Leeds where I studied, I came down to London to enter a pathology training scheme. Back then, *Multiple Diplomatosis* was rife, and so I had to attempt a lot of exams. Quite rightly that awful system has died out now. There is just one MRCP nowadays, for example. In any case it was in January 1961 when I came over from Queen Charlotte's where I was the resident neonatal pathologist, to the Guy's Paediatric Research Unit. I've been at Guy's ever since.

On the academic side, what have you been involved in over the years?

I have had a long association with Professor Polani studying various aspects of anoxic brain damage and how it might be ameliorated. One of the first areas I looked at was in relation to cerebral palsy. We investigated the biochemical events which were taking place in the period between an episode of brain anoxia and the start of

recognizable nerve cell loss. We wanted to interfere with this sequence. I must have spent seven years in that area. I left the paediatric research unit when a vacancy came up in the pharmacology department in the medical school.

Did you carry on with your interest in brain function and abnormalities?

Yes, but along some different avenues. We looked at brain metabolism and how it may be influenced by drugs such as the neuroleptics and especially chlorpromazine. We also looked at the excitatory role of folate and its derivatives in exacerbating epilepsy. This CNS orientation in our work continued until Howard Rogers and Paul Morrison established their phase 1 studies in clinical pharmacology. I then stopped laboratory research and assisted in this human work.

Do you have any particularly striking memories from your years at Guy's?

My admiration of the medical school and hospital is, of course, tied up with the remarkable concentration of talented people there. For example, in my first week I had discussions on research with Paul Polani, George Payling-Wright and John Cavanagh. Later, I met Peter Gorer (who reprimanded me for not having a proper animal licence). Of the dozens of clinicians I saw in action, it was fascinating being able to see part of the long chain of physicians with an interest in asthma — such as Boland, Houston, Clark, Rees and Tak Lee. I would also put Houston's name in my list of outstanding general physicians, with such figures as Trounce and Knight. Incidentally, it was Professor Trounce and Dr Knight who started a new Guy's specialty-orientated dynasty — namely that of oncology.

Have you travelled much?

I seem to have been invited very little overseas. But I went to mainland China to discuss Western therapeutics to a group of doctors who presumably did not learn anything about Western drugs during their studentship at about the time of the cultural revolution. I managed to do the whole medical student course in about a month! They were marvellous students. As usual in these situations, I learnt more than they did. They had prepared very fully for our meetings.

After so many hectic years how do you think you'll find your retirement?

I don't know. I practise the violin every day. I'll keep that up, I don't know whether I'm improving but I suspect that I'll remain

poor. I also think I will continue reading. Currently, I'm interested in contemporary literature especially by American authors.

Do you think that you might do anything medical in your retirement?

Actually, I'd like to. I've never felt that I've acquired any substantial degree of confidence in clinical medicine, and I'd like to improve in this field. I hoped to do some GP work, but now of course, as general practice has developed into a specialty of its own I wouldn't be able to do that.

You've had some involvement with the Drug Research Unit, which I understand almost supports itself. In view of its financially independent state I'd be interested to know what your views are on the current state of funding.

Considering the state of university funding it is of course clear that it is on its own inadequate for medical school research. I think that this just underlines the necessity to go elsewhere for funding. I think that the late Professor Rogers and the current Paul Morrison were very astute to go elsewhere in order to fund the Drug Research Unit, which — you're quite right — does virtually fund itself.

Although its full ramifications will not affect you, you've overseen much of the integration of the pharmacology department here and at St Thomas's. How do you feel about that?

I think that the merger with St Thomas's is very important. It is essential that we have bigger departments — large groups must focus their minds and collective resources on small areas. However big a university department is, it cannot compete with the multinational pharmaceutical companies in areas such as drug development. However, we can make contributions in investigating modes and mechanisms and understanding the subtleties of pharmacodynamics and pharmacokinetics.

Naturally the transition involved in this merger is not without hiccups. The single biggest problem is of course having two campuses separated by two miles. Even with a telephone it is difficult to get a quick opinion if you're two miles away. Larger, more attractive units must be strived for, and I feel that the answer is to focus one department on a single campus. I certainly believe that it is correct for there to be one head of department, and I hope that my early retirement will help in this for pharmacology.

To me that certainly seems to be a big sacrifice, or if not a sacrifice, certainly a big step to take.

No, it isn't really. I've had many years of entertainment, and I think that it's time to give somebody else the chance.

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Doing God's Work in Guy's — An Interview with Rev Neville Smith, Guy's Chaplain.

By Ros O'Shaughnessy

The Rev Neville Smith has been the Church of England Chaplain at Guy's for just under one year, although he has worked in hospital chaplaincy for over twenty-five years. He works full-time at Guy's as part of the NHS, and in an honorary capacity he is on the staff at Southwark Cathedral. I interviewed Rev Smith in order to look at the nature of his work, the role that religion has in the hospital and some of the difficult issues where medicine and religion may come into conflict.

Do you see only patients or are you involved with the hospital staff as well?

'I see staff for weddings, or personal difficulties as well as patients. Although most of my dealings are with patients and their relatives, there's also work that I do for the hospital itself. This includes looking at the death procedures, producing a leaflet for people who've been bereaved and setting up staff-support groups.'

How do you find out what religion the patients are?

Very often we don't. We go by what they tell us. Sometimes they say, 'I'm a member of a particular church', other times they say 'I'm not a member of any particular church, but it's nice to see you', just very occasionally they say 'well thanks very much, I don't want to talk'. That's up to them and that's their prerogative. We are simply there offering ourselves. If they want to tell us that's fine, if they don't that's equally fine.'

What do you feel you can offer patients of a different denomination from Church of England?

'We do try to look after patients with different denominations. There's a part-time Methodist Chaplain, a part-time Roman Catholic Chaplain and we have a group of about half a dozen volunteers, who share some of the direct patient contact on the ward with us. What we try and do is divide up the hospital geographically, so that a particular chaplain or volunteer will be given a ward to look after. We know each other well enough to say 'there's one of yours

who needs your attention on whichever ward it is, and will you go and see her?'''

'Of course there are also people of the other faiths. We see Muslims, Sikhs, Hindus and Jews. If it's one of the main religions we can always make contact with someone to see them.'

And what can you do for someone who hasn't got a religion?

'There are probably very few who have absolutely no religion at all. Often we find that somehow, somewhere along the line there is belief of some kind. It may be folklore. In a sense I'm not too bothered about their religion or lack of it. What they very often need is someone actually to be there, to be alongside, to empathize. To try and be where they are, to provide a kind of reassurance on a basic human level. Now whether that's being religious or not I don't know. I think I'd be prepared to argue that that's actually quite a deeply religious thing to do.'

Do you feel that patients without a religion find it harder to deal with illness and dying?

'The people who deal best with serious illness and life-threatening situations are people who either have a strong faith or no faith at all. It's the people in the middle who are often worse off.'

Do some patients decide to convert to a religion, once they're in hospital, and if so, what do you think has motivated them?

'Conversion is too strong a word. I have known people who have been lying in bed and thinking things through and think that there may be more to all this than actually meets the eye. And as an outward sign of their new way of thinking about things more, they want to become an active member of the church. I can't tell you what's motivated them. But I think they've perhaps had the opportunity to lie and think about things. It's nothing to do with fear.'

Do you see yourself as having any overlap with psychiatry, perhaps as a therapist working in a religious community, for example?

'In a sense I suppose I am a therapist, if I get to know them well enough and they want to talk about the things that are important to them. It may be matters of life and death, it may be simply trying to make sense of the illness which is an intrusion into their lives. What effect it is having upon them, their family, their family relationships. But the patient will decide who they actually want to talk to.'

'There's another kind of aspect: there's a relation between healing and curing. The body has its own healing process. Doctors enhance that healing process. But I think that if one can produce a feeling of relaxation, peace, wholeness, within that person, then the healing process is enhanced. It may be that what I'm trying to do is to hook into that healing process so that they can cope better with the disease.'

Do you feel accepted at the hospital?

'Yes, I do. A few people wonder "who's this, in his dog-collar?" But people get used to seeing you around. My aim is to become part of the furniture. Part of the routine.'

If a patient wants confession or communion is that possible in the ward?

'Yes it certainly is. After this I'm giving communion to a patient because she's going to have an operation in the morning. It seems to me that on a very basic level, that's one of the things that a hospital must be able to provide. If it's providing care for the whole person, then it has got to take on board people's religious and spiritual needs. I almost operate as the Parish priest for the hospital. We've got the chapel here, we have regular services, we do weddings, memorial services, baptism services, Christmas services.'

And do you feel that religion has a special role in connection with the sick?

'People may find themselves needing something to hang onto. But whether you call that religion or not I don't know. They've got to make sense of it, and may be able to way-lay some of their anxieties about the future if they can make sense of it.'

Do patients that are terminally ill tend to want to see you more than patients who are less ill?

'People talk remarkably little actually about dying. Let's say that I try to keep in touch most closely with the parts of the hospital where people may be facing the end of their lives. So that if they do want to talk, I'm around. But the penalty for that is to be associated with death. We get loaded with people's projections and expectations.'

Are doctors concerned enough with the non-physical?

'Well I wouldn't want to generalize about all doctors. But, my impression is that there is a growing awareness of the importance of the non-physical dimension. Not only of illness, but of health.'

How do you deal with the philosophical question of there being suffering in a world in which there's a God, and do patients often ask this?

'Oh yes. 5–35 times a week. I can't deal with it, because there is no answer. Very often it's not a philosophical question, it's a question of protest, because when we are hurt, or angry, we say "why is this happening?" And what I know people don't want, is a theological or philosophical answer, because they ask that question in times of stress. They really need to be encouraged at that point to express their feelings. But why isn't that question asked when things go right — for example why isn't it asked, say at a wedding, why should two people mutually come to the conclusion that they are right for each other? Why does that happen? This also produces philosophical difficulties.'

Do you find that people with different religions have correspondingly different attitudes to illness?

'Yes. One Muslim woman I spoke to here was dying of cancer, and said that she kept thinking that it must be the will of God, and what had she done that he had brought cancer on her? And that she must improve her life. In some of the Christian religions, there can be the attitude of "I am ill because my faith is not strong enough". In some of the other religions, there's often a kind of fatalism as well.'

Are there any areas in which medicine and religion clash?

'I don't think there should be any more clash between religion and medicine, than there ought to be between different members of the same discipline. Because there'll be different doctors with different outlooks on the ethical questions. What I think I'm most disturbed by is when medicine goes in for heroics: when it really goes in for keeping people alive, when it's beyond all reasonable possibility that they are going to stay alive. I can remember being called up one night when a man was dying. I think he was on his fifth renal transplant. I have never seen so much machinery in all my life. He was obviously dying. And irreversibly. And at that moment, I thought what is all this about? If one is talking about the sanctity of life, why not just let them die peacefully?'

'There comes a point when it's quite obvious that a person isn't going to survive. I would have thought that then the most ethical thing was to retreat gracefully at that point.'

'On the other hand, and this is where it gets so difficult, there have been cases here when doctors have wanted to do just that and the family have insisted that the staff carry on.'

Do you feel Guy's is adequately supplied to provide for the religious needs of their patients?

'Oh no. The chapel's in the wrong place. It should be somewhere near the wards. Actually it should be where they're going to build the new renal unit on top of the bridge between New Guy's House and the Tower. It is virtually inaccessible for patients. It's miles away. And we haven't got enough Chaplains, we could do with about another twenty. But I say all this with my tongue in my cheek, I'm utterly realistic. It's important that the chapel stays where it is because it's part of the historical part of the hospital. Thomas Guy is here. It enshrines part of the history of the place. And in fairness, in Phase III there's going to be a Chaplain's office and meeting room built in.'

The Dental School Centenary Celebrations

On Thursday, Friday and Saturday, 11, 12 and 13 May 1989, the dental school celebrated the one hundreth anniversary of its foundation in 1889.

The centenary celebrations began on Thursday afternoon with the annual prizegiving and awards ceremony held in Southwark Cathedral. The ceremony began with a procession of the staff colourfully clad in academic dress. Following a short address of welcome by the Vice Provost of the Cathedral, Canon Peter Penwarden, The Dean of Dental Studies, Professor A H R Rowe, presented his Annual Report on the activities of the school. In his report, the Dean highlighted the financial difficulties under which the school was running but emphasised that despite the frustrations and restrictions, morale was high, and that the school continued to play a vitally important role in professional affairs both nationally and internationally. Its research is internationally acclaimed and members of staff continue to be in high demand to lecture at home and overseas. Professor Rowe outlined plans for increasing research space in the school, but emphasised the need to raise funding through the *Centenary Appeal Fund* to finance this project.

Then followed the presentation of the prizewinners and graduates to the Principal Guest, Lord Butterfield of Stechford, remembered by many as Professor John Butterfield, Professor of

The Princess Royal signs the visitors book

Medicine at Guy's. In his address, Lord Butterfield spoke of his years at Guy's and emphasised the need for excellence in teaching and research. A vote of thanks to Lord Butterfield was proposed by Professor Ian Cameron, Principal Elect of UMDS.

At the conclusion of the ceremony, Dr Humphrey Astley Hope presented to the school a framed copy of the Guy's coat of arms, originally owned by Mr Montague Hopson, the first student of the

school. After the ceremony, a reception was held in Boland House for the prizewinners, graduates, their relatives and friends, and members of staff.

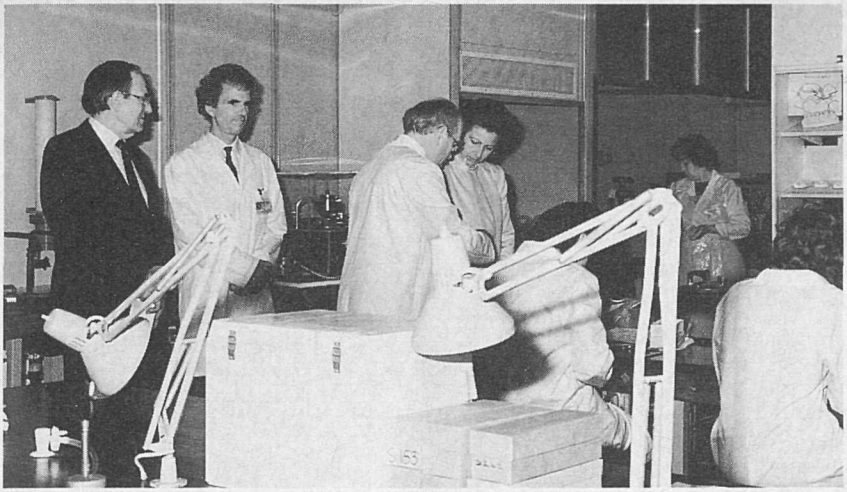
Friday began with a visit to the Dental School by Her Royal Highness, The Princess Royal, Chancellor of the University of London. Also present were the Vice Chancellor, Lord Flowers; The Principal of the University, Mr Peter Holwell; the Chairman of Convocation, Professor Peter Quilliam and the Deputy Mayor of Southwark. On arrival on Floor 22 of Guy's Tower, Her Royal Highness was introduced to the Heads of Departments, unveiled a commemorative plaque and signed a special *Centenary Visitors' Book*. She then visited the Department of Orthodontics and Dentistry for Children, accompanied by Professor W J B Houston, and the Consultants Clinics, accompanied by Mr Robin Bret Day.

At 11.00 am in Southwark Cathedral, a Service of Thanksgiving to mark the centenary took place in the presence of a large congregation. The service was preceded by a number of colourful processions in which all taking part wore academic dress. Processions of clergy, clad in distinctive capes came next. Finally, Her Royal Highness, dressed in her black and gold robe of office processed down the nave and took her seat in front of the screen, while the choir sang Charles Parry's splendid anthem 'I was glad when they said unto me'.

The Service opened with a *Bidding* read by Canon Peter Penwarden, the Vice Provost, in which the congregation was reminded of those men of vision, notably Frederick Newland Pedley who founded the school in 1889, those who had taught there through the years, and the countless students, many of whom became leaders of the profession and advanced the art and science of dentistry. The *Bidding* concluded with an invitation to pray that the art and science of dentistry may ever grow and for God's blessing. Following a hymn, Professor A H R Rowe, read the lesson (Ecclesiastes: Ch 44, V1–15). Then followed another hymn and the sermon by the Bishop of Southwark (see below).

The Service concluded with a *Dedication*, with a series of prayers read by the Provost and the Rev Peter Pickett, an alumnus of the school who for many years practised in Eastbourne but is now Vicar of a parish in Sussex. The last hymn was 'Now thank we all our God', followed by the Blessing by the Bishop and the National Anthem.

After the service, a reception and luncheon honoured by the presence of the Chancellor, was held in the Glazier's Hall, for 100



In the orthodontics laboratory (*L to R:* **Lord Flowers, Prof W J B Houston, Mr P Chittenden, The Princess Royal**)

invited guests. At the conclusion of lunch, the Dean of Dental Studies made a short speech of welcome to which Her Royal Highness replied in a most entertaining and lively manner. Finally, the Secretary of the Dental Society, Mr Bill Schaeffer, presented Her Royal Highness with a most elegant leather-bound copy of the book 'One Hundred Years of Dental Education at Guy's', written specially for the centenary by Professor M N Naylor.

In the afternoon three well attended series of lectures were held in the Medical School, covering topics on oral surgery and oral medicine, restorative dentistry and orthodontics and paedodontics. These were chaired by Professors Poswillo, Naylor and Houston, respectively, and the speakers were members of staff and distinguished alumni. A general lecture was given by Professor R A Cawson, who spoke on 'The First Students — their life and hard times'. The day concluded with a Buffet Reception in the magnificent Merchant Taylors' Hall.

On Saturday, the traditional Clinical Day took place and followed very much the usual pattern. However, a number of demonstrations did have an historical flavour, one of the most popular being the 'rogues gallery' which included a splendid array of photographs of phantom-head groups from the personal collections of Professor Rowe and David Robinson. It was fascinating to review the loss of hair and change in body shape over the years!

The eighth Herbert Memorial Lecture, given before a full house, was by Dr John McLean, who spoke on 'Restorative Dentistry — is there a future'. The afternoon lecture by Professor S J Challacombe, following tradition, was on 'Cases you have sent'. The Day concluded with the traditional dinner at the Park Lane Hotel where the principal guests were Lord Butterfield and Bishop F C Cocks, former Bishop of Shrewsbury. In addition to the Guests, the speakers were Professor S J Challacombe, Professor A H R Rowe, and Mr Bill Schaeffer.

Thus ended a memorable three days of celebration which gave all who took part a tremendous sense of privilege to have been present, of pride in the past achievements of our school, and of determination to see it well and truly on course for its second hundred years.

Professor Naylor

Centenary Celebrations' Sermon by Ronald Bowlby, Bishop of Southwark

Some days ago, I was present at a meeting at which a number of people were complaining bitterly that 'The Church' — undefined — did not value their work in industry and commerce. In the ensuing discussion, it became clear that there were a number of strands to the problem: historically, all religions have their roots in the rural communities and are pre-industrial in their received forms of worship and thinking; ethically, there is a tension between the greed for money which a focus on wealth creation can induce, and the need to produce goods and services for as many people to enjoy as possible.

I came away aware that Christian writers and speakers do need to be more strongly affirmative about the amazing achievements of science and technology in the past two centuries, and the dedication of many remarkable women and men to the pursuit of deeper knowledge about our Creation and how it works. Warnings about the need to be responsible — very responsible — in what we do with such knowledge should not detract from what has been and is being achieved.

In a strange way, I had been prepared for this encounter by a visit to one of the museums at Ironbridge. What struck me most forcibly then was the importance of certain particular inventions in transforming the whole scale and quality of iron production. Seen against the sophistication and complexity of modern processes, they seem alarmingly crude; but they were vital steps in the story, and without them nothing else would have followed. Many of those early inventors and ironmasters had quite a strong sense of religious guidance and even inspiration in their work, and it is important for us to recognise this thankfully. In some cases they had been denied access to universities and places of higher education, but they found another way to serve humanity, and we are still their beneficiaries. Guy's Tower Block, and therefore the present Dental School, could not have been constructed without steel!

The medical professions do not suffer from the same lack of recognition and acknowledgement by society and the Christian churches. The ministry of healing has always had an honoured place in Christian thinking, not least because physical and mental healing are seen as part of that restoration to wholeness which Jesus offered to so many with whom he came in touch. But am I right in thinking that dental care and surgery have been somewhat overlooked?

Someone asked me the other day what Biblical references about teeth I would be using for this sermon, and I had to tell them that I did not think there were any which would be much use. The only one that came immediately to my mind was 'An eye for an eye and a tooth for a tooth', which hardly suggests the emphasis on preserving teeth which lies behind your work. Since then I have consulted a very large concordance, and find that most of the other references to teeth are either to do with lions, or with gnashing. For a moment I thought that the prophet Amos might help us with his comment about God giving 'cleanness of teeth in all your cities'. An early and unexpected hint of fluoride, perhaps? (4:6); but in fact it is followed immediately by 'lack of bread in all your places', and is actually part of a threat of famine as judgement on the people. When the Psalmist wrote, 'Open wide thy mouth and I shall fill it', he too had food in mind and not amalgam. The truth, I fear, is that dental disease and discomfort were not given a high profile in Biblical times. Yet they must have existed, even allowing for the much better, sugar-free diet that was then obtained. And if the last century has seen a vast increase in dental disease, largely through misuse and bad diet, it has also brought a vast increase in the help which can be given to those whose teeth are not performing as well as they might, for a whole variety of reasons.

And so today, we can rightly thank God for those whose pioneering skills and research, like the early ironmasters, have brought inestimable benefits to so many in this century. In this development, the Dental School and Hospital at Guy's had led the way, and continues to do so now despite all the changes and uncertainties which still afflict it.

As many of you know, there has been a long and close link between Guy's Hospital and this church, a Cathedral only since 1905, and so younger than the Dental School in this regard. Each has been able to affirm the other within the purposes of God for his people in this part of London, and I know how valuable a service the dental school has provided to poor people in particular, who would otherwise have had no treatment or help. For this care, for your research, and for the fine standards of teaching and training which have been built up over the years, we continue to give thanks to God the Creator and preserver of all, and to pray that His Spirit will continue to inform and direct all that you do in the years ahead.

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Gray's editorial team (*L to R:* **Prof R Warwick, Dr L Bannister, Dr M Dyson, Prof P Williams**)

Dissecting Gray's Anatomy — An interview with Professor Roger Warwick

by Martin Sadler

In May this year, the 37th edition of *Gray's Anatomy* was published. To promote it, impressive glossy folders containing an information sheet and an even glossier photograph of the eagerly awaited volume had been produced by the publishers Churchill Livingstone. The pre-launch build-up culminated in a party held at the Royal Society of Medicine for the editors and guests. Such hype is alien to the usually quiet marketing of academic books, where sales tend to be modest. But *Gray* is different. Since Professors Roger Warwick and Peter Williams (both former Professors of Anatomy at Guy's, and Professors Emeriti of the University of London) took over editorship, sales have soared. When the 35th edition (their first) appeared in 1973, sales quadrupled, and *Gray* has been selling strongly ever since. It has a worldwide market with a keen readership of the English version in Japan and translations into Portuguese, Spanish and Italian, with a Taiwanese version being considered.

In the 37th edition, Drs Dyson and Bannister, both of Guy's Anatomy Department, have been elevated to full editorship.

Indeed, an almost complete roll-call of the present Anatomy Department can be found in the acknowledgements, along with the names of many other Guy's people and of scientists from many nations of the world. The connection between Guy's and *Gray's Anatomy* now spans over 40 years. To discuss this association, and to mark the new edition, Professor Warwick agreed to an interview.

I first asked how he and Professor Williams became editors of *Gray*.

'Our predecessor was Professor D V Davies of St Thomas's. He had known Peter Williams for years, from the time that Peter was his student at Cambridge. Peter Williams is a superb anatomist, but was the indexer until Professor Davies' death. It was largely because of their close working relationship, and Professor Davies' recognition of Peter's extraordinary talents, that the publishers approached us about taking on the editorship.'

The 35th edition was a departure from the book's usual format. What aims did he and Professor Williams have for it, and how far does he think that they have succeeded in those aims?

'Peter Williams and I both hold the same views on anatomy, namely we consider that people do not want to read merely about dead structure; we think that anatomy should be alive and functioning. Anatomy is structure *without* function in the dissecting room. What we wanted to do was to bring anatomy alive, make it comprehensible and intellectually exciting. For example, when I think of the cranial nerves, I need not use a mnemonic to remember them or to remind myself of what they do and where they run because I have an understanding of their functional role in the body. All of the less interesting detail such as their numbering, which is largely uninformative, can be added to a fundamental framework of knowledge based on understanding. We aim to provide that framework of understanding, and the attendant detail, in a clear and exciting form.

'The first thing that we did was to write a new introduction to every section of the book, to explain and epitomize the functions of the structures to be described. The book has always contained great detail, but until recently it has lacked understanding. For instance, the primary role of the skull is usually quoted as being to protect the brain. But really this role is secondary to the continuous need to allow the brain to function, which it couldn't do without being supported in a rigid container in cerebrospinal fluid. Understand the function and you will understand the anatomy.

'As to the second part of your question, I think that we have succeeded — especially in this latest edition. We have been able to carry through most of our original ideas to produce what is now a completely new book.'

Did he have a particular set of readers in mind when embarking on revision? Would he suggest that medical students read it, for instance?

'No, we do not rewrite it for a particular market, and it is certainly too detailed for an undergraduate text, except for reference and special topics. However, I would strongly recommend medical students to read the introductions to each section. In fact I think that they could stand as a useful book on their own for anyone who really wants to know what a study of anatomy is about.'

I asked Professor Warwick to tell me about the way the present editorial team operates. What part does each member play?

'I am very lucky to be in such a wonderful team, and *Gray* is very much a team effort. We all wrote the new introduction to the whole text together, to place anatomy within the context of biology. Actually, I am sure that we shall be criticized for it by some people, but we wanted to explain that anatomy cannot be considered as an isolated subject and shouldn't be thought of as such. Science and the whole of Man's knowledge are interrelated.

'As for the rest, each of us has areas of special interest and knowledge. Histology and cytology are areas of expertise for Dr Bannister and Dr Dyson, and so these aspects of the text in each section are primarily their responsibility. But, having said that, we had long discussions on each subject and we each read the others' work. Suggestions for alterations and improvements were considered at all stages of production, and drafts were repeatedly rewritten. Obviously we had differences of opinion over some things, and occasionally a piece of writing would go back and forth between us, having parts deleted, restored, and deleted again; but overall this improved and ensured that the best draft was finally accepted. Many pages contain contributions from all of us.'

What does he think is his most important contribution to the 37th edition?

'That's difficult. First I have to say that in this edition the other three have made a greater contribution than I have. But one thing in particular that I did was to go through the whole book twice and cross out as many redundant words as possible. Thus saving some

300 pages out of 1500 and enabling us to update and expand the text while keeping the size, and therefore the price, of the book down.'

How is *Gray* kept up-to-date with current research?

'That again is our major task. We have an office near Guy's and scientists from all over the globe send us reprints of their work, totally unsolicited. We review all of these and scan the journals. Each of us seeks to keep up-to-date with our areas of particular interest, while keeping alert to other developments. Fortunately, the *Journal of Anatomy*, which we all see, keeps abreast of most major advances in anatomical research — though, of course, most of the gross structural detail has been fully described for some time. That is not to say that there is no further work needed in this area of anatomy. For example, the mechanism of speech is not fully understood, and so far explanations of its functional anatomy remain simplistic.

'Of course, just having the information doesn't mean there is no room for further improvement. Apart from some passages in say, Shakespeare, I think that there are always better ways of phrasing and explaining things, and we have made a continuous effort to improve the clarity of our text in each edition.'

And what of the future? Will Guy's editors continue to produce *Gray*?

'I hope so, at least for the immediate future, although it is not our decision; it's for the publishers to choose. Right now though I'm having a rest — from *Gray* at least. But in another six months, or a year, we shall meet to discuss plans for the 38th edition?'

We wish Professor Warwick and the rest of the team every success with this and future editions of *Gray's Anatomy*.

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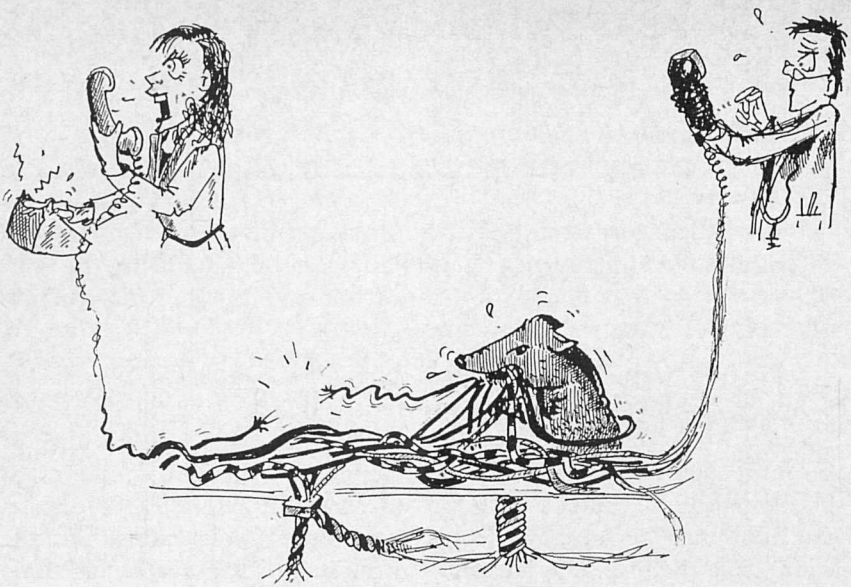
On Drains, Telephones and Lavatories — Ratty and Mole get out and about around Guy's

The long silence of Mole and Ratty has not been due to inactivity or lack of interesting events. Ratty had been so busy during the winter and spring that he had not found time to let the Editor of the *Gazette* know what was happening.

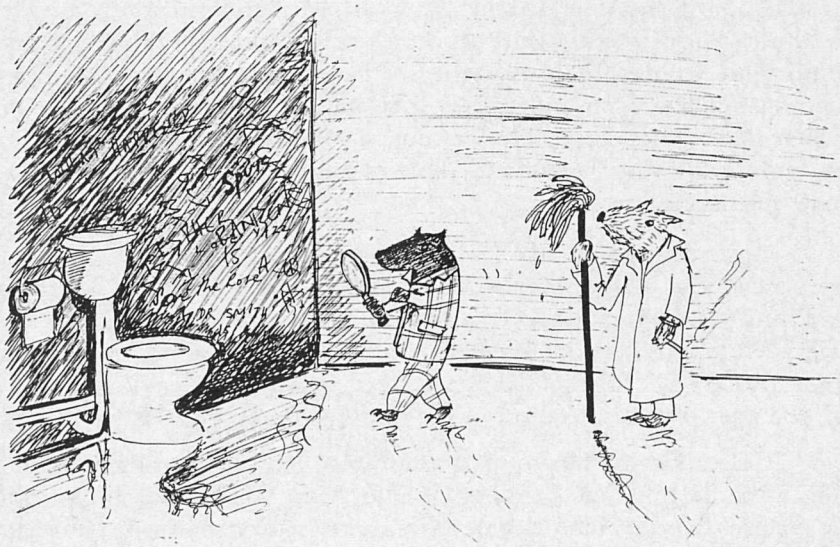
He had been kept very active during February and March due to heavy rainfalls. As he had previously reported in the *Gazette* St Thomas Street tends to flood easily when it rains. And because of the large quantity of rain in the spring, and the filthy state of St Thomas Street (it must be the dirtiest street in London), the drains had frequently become blocked, causing large ponds to form and the frequent drenching of pedestrians by passing traffic. Ratty had done his best to unblock the drains but even with the help of his many friends he was unable to cope with the cataract of rubbish that came through the gratings and eventually obstructed them. It was during this spell of activity, and one of his forays through the tunnels underneath the hospital, that he discovered the reason for the failure of the new and much heralded telephone system which was recently installed, and supposed to start a new era of communications, on the 1 April. The wires underneath St Thomas Street had confused his old friend Mole. Mole's eyesight had never been good but his appetite has always been enormous. Imagine Ratty's surprise however when he came across Mole tucking in to what seemed like a great mountain of worm spaghetti. This of course turned out to be the new telephone lines.

More recently Ratty's old friend's eyesight appears to have improved and he had regained some of his former energy. This has led him to make an inspection of lavatories on the Guy's premises. Why Mole should suddenly show an interest in these was something of a mystery because he has never been much concerned with them in the past. But his account of his findings follows and is revealing.

Mole had heard from his good friend, Ratty, that before selecting a school (medical or otherwise) for your son, it was important to ensure that the lavatories were in a satisfactory condition. For this reason, having munched a nice selection of wire worms, he ascended from the bowels of the earth and took it upon himself to inspect the



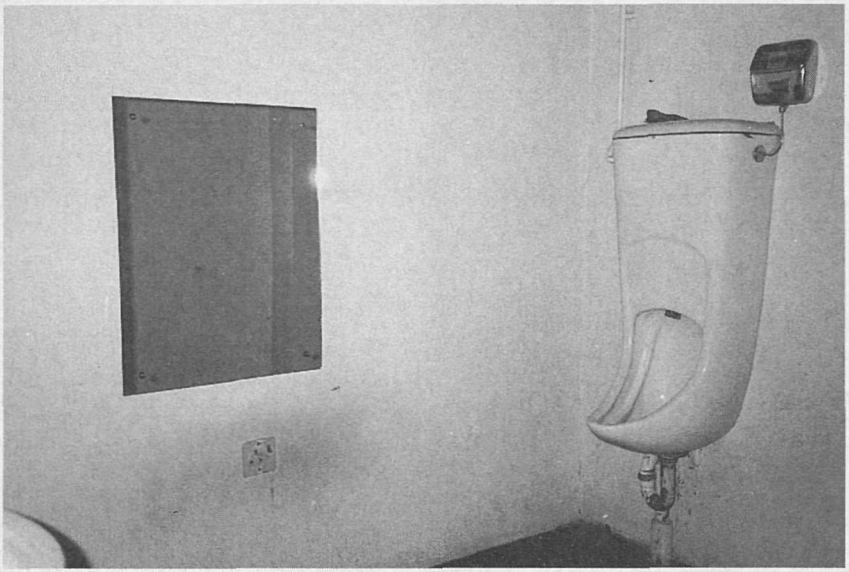
Mole mistakes the new telephone system for his favourite meal



Mole sets off for a lavatory inspection accompanied by his young friend Ratty

accommodation provided at the old Alma Mater before encouraging any little moles to enter the establishment.

The first to catch his eye was the boys' room in the basement of Boland House where a blocked and shattered pan ('thank God, the tablets have worked!') caught his eye but, happily, this was repaired very quickly. Less fortunate was the girls' room where, due to the lack of a handle on the inside of the door, it had been tied back permanently open — no doubt avoiding the risk of two of our more mature female students being locked in there during the working week without anyone knowing of their presence. Mole wandered across to the Superintendent's Office, where the male staff loo has had a mirror set in a curious position! One might suppose that this



The case of the curious mirror

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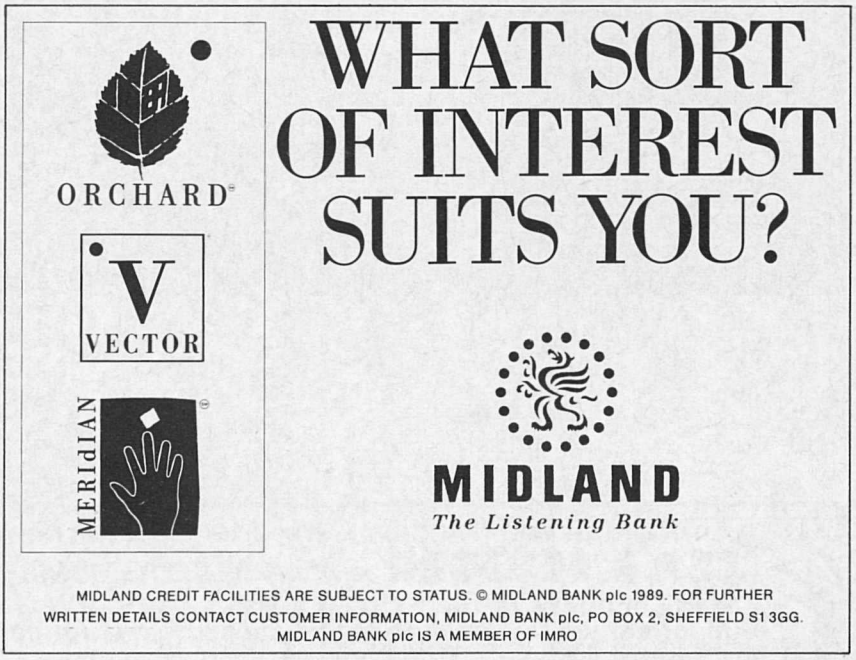
was placed to ensure that zippering was fully accomplished before leaving, but anyone with a sense of history of loos would know that this was a remnant from the time when the place was altered for the use of a Royal lady on the occasion of her visit to the hospital to present prizes to the nurses; a dressing-table had been placed before this mirror and the offending male contrivance hidden behind a curtain! Even curiouser was the state of affairs at the Thomas Guy Club, where a cistern sits on the roof, exposed to the air of Lambeth and North Southwark, and is there for all to see like something out of Monty Python's Circus.

Probably, the most grotty and claustrophobic (and best avoided) loo is the one-holer in the entrance hall to Outpatients. Any nervous patient needing its comfort before a consultation would not find it a welcoming retreat.

To be recommended is a four-holer and four-stander, in very good condition and with no grafitti, in the basement of Outpatients. It needs a little searching out as there is no sign on the door. Perhaps the finest is that in the Counting House, where even the plants are comfortably potted and where, so Ratty informs him, the Administration is well supplied with the latest of White Paper. The best place for it, thought Mole.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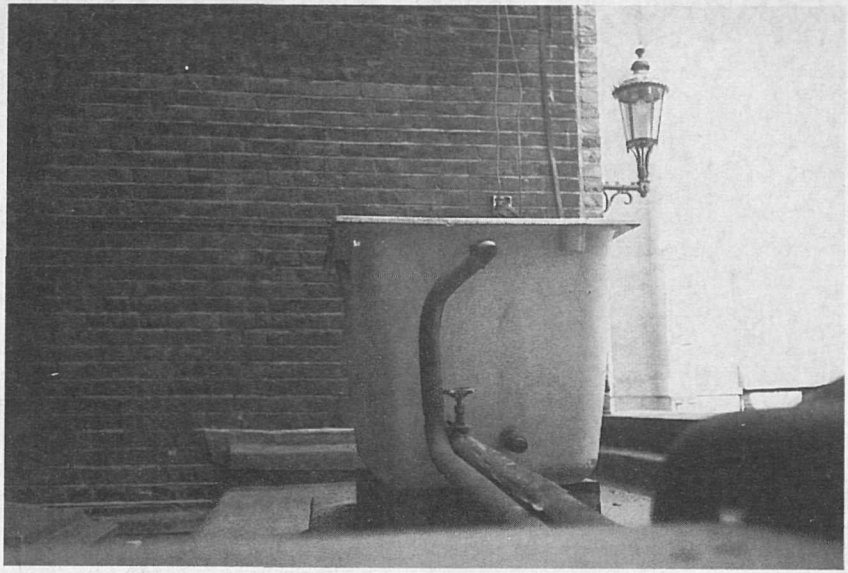
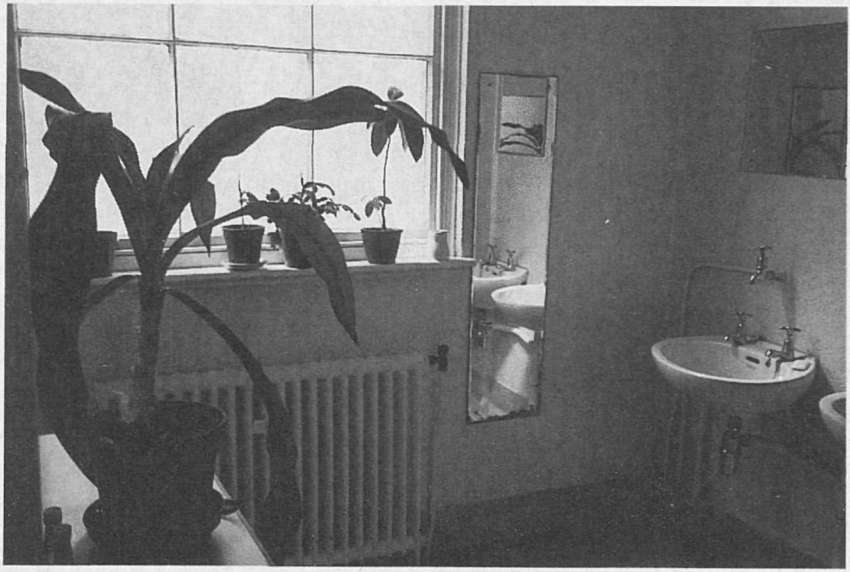


Cistern on the Roof



Plants comfortably potted

Satanic Nurses — The BMS Revue 1989

Reviewed by Dr A Tammar

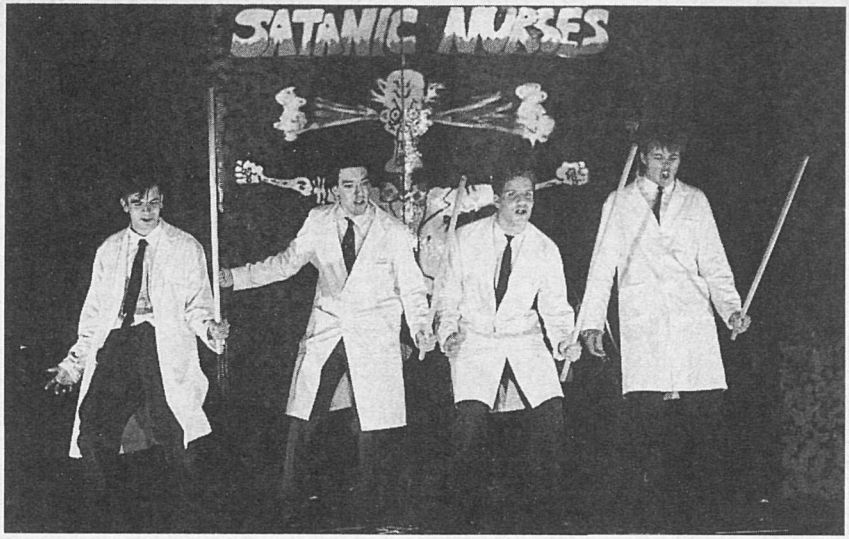
The evening started with the customary scrum for food. Your correspondent managed to avoid the worst rigours of this by exercising the privileges due to rank. The food, fibre-rich and plentiful, was the effort of a hard working team of cooks. The dearth on the wine front may have been more apparent than real since, once trapped in one's seat, it was impossible to obtain further supplies but the author of the Dear Bill letters would have died of thirst.

Motivated by self-preservation I declined the kind entreaties to sit at the front and secreted myself, in excellent company, at the rear of the audience. It's a rare BMS revue that starts on time and this was no exception; the delay serves to enhance the anticipation of the promised entertainment.

We were treated to a succession of sketches humorously depicting aspects of preclinical life. Some of these would have been recognisable to students from medical schools anywhere and some depended for their impact on intimate local knowledge. The sketches were linked together, that is to say the gaps between them were filled, by Master Steven Pryke in drag using a Sloane accent of which I would not previously have thought him capable.

Members of the teaching staff were sent up with varying degrees of gentleness. Attendance at a succession of BMS Revues has left me feeling that I know every one of Mike Hutchinson's mannerisms and idiosyncracies and that I need never go to one of his imitable lectures. This year, as a bonus, a troupe of four Mike clones sang and 'danced' a popular number 'I can't get no satisfaction'.

Television panel games and sitcoms are a rich source of material for student revue. The transfer to the operating theatre of the 'what happened next?' sequence of *A Question of Sport* was inspired. What was portrayed as happening next is unprintable in a family journal, even one that fearlessly publishes pictures of the *Snowflake Ball*, but the audience enjoyed the sight of Justine Woodcock in nurse's uniform. This was combined with the now regular portrayal, but possibly for the last time, of the Guy's image of St Thomas's students. Guy Selmon, probably the only member of the year who could do this, carried it off convincingly.



A Hutch Quartet (*L to R:* **Jake Mehta, Arian Lawrence, Tal Jacobson, David Pullan.** *Photo:* **Fuad Hussein**)

Clare Fouque making progress at the Review Board (*Photo:* **Fuad Hussein**)

An innovation this year was the edited video. Members of staff had been filmed answering a number of apparently innocuous questions. The replies were then ruthlessly edited and compiled into a 'Staff Survey on Contraception'. Rosalind O'Shaughnessy, who on this showing would have no trouble finding an alternative career in 'The Media', was the very poised interviewer. Unfortunately many of the replies were drowned in laughter.

I have this theory that the large number of medics on television like Jonathan Miller, John Cleese, The Goodies and such have been placed there by the BMA as moles to give a cheerful jolly image to the profession. As the above approach senior citizenhood the BMA talent scouts should be abroad on occasions such as this to seek out replacements. Upon whom should their eyes light? Two names spring to mind. Consistently good in the sketches in which he appeared was Arian Lawrence and the 'Review Board' sketch was enlivened by a natural comedienne, Claire Fouque, playing herself.

When the show ended the majority of the audience seemed satisfied and, except where obviously courted, there had been very little heckling. Devotees and afficionados of this annual one-off event will, however, have been disappointed by the overall standard of the production. The ideas were inventive and often innovative but the whole was carried off with little of the slickness which characterized the two previous years' efforts. If there should be another one then it would help to spend more time in rehearsal and to secure a greater involvement of mature students. (*The cheque's in the post — Ed.*)

Guy's Hospital — 250 years

Have you ever wanted to know more about the history of Guy's? What was student life like in the nineteenth century medical school? What happened in the Residents' Plays of the forties and fifties? How about nursing, midwifery, the Wills Library? Or the early days of X-rays?

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Dr Salter, GP and MP — A meeting of the Osler Club of London

by Dr Tim Illidge

This well-attended meeting heard first Dr Tim Illidge talk about Dr Alfred Salter, the primary health care physician, followed by Mr Simon Hughes MP talk about Dr Salter's political life. Dr Salter, arguably one of Guy's greatest past resident physicians, is sadly known to few of the Guy's staff these days, and yet the people of Bermondsey remember him, where he remains a legend in the Borough.

Dr Illidge told of how Dr Salter's medical career had begun with triple honours when he graduated from Guy's in 1895. The following year he took his MD and was awarded the Gold Medal. These successes were followed, in 1897, by the Golding-Bird Gold Medal and Scholarship in public health, and the Gull Research Scholarship in pathology. After holding house appointments at Guy's, he joined the British Institute of Preventative Medicine as bacteriologist to the great Joseph Lister for 3 years.

Dr Salter's first move in his longstanding connection with Bermondsey was to take up residence at the Bermondsey Settlement with Dr Scott Lidgett. This remarkable man we were told retired in 1945, at the age of 95. Whilst at the Bermondsey Settlement with Dr Lidgett, Dr Salter made the life-changing decision to commit himself to Bermondsey, to community health, social reform, and to politics.

Dr Salter set up his surgery just off the Jamaica Road, and right from the beginning he attracted many patients and worked prodigious hours. In fact, within 18 months this practice had grown to five partners. He was never content that the poor should have less than the rich. Dr Salter's major achievements were to set up the Grange Road health centre as a 'Harley Street for Bermondsey' for extending diagnostic facilities, as well as the first municipal solarium in Britain, and a large convalescent home for mothers and children in the countryside of Kent. He pioneered the first full scale health education programme under the banner of the Propaganda Section of the Bermondsey Public Health Department. Dr Salter, we were told, was a teetotaller and rapidly became a non-smoker when he entered general practice, because he felt his cigars were an affront

to the poverty of his patients. He described smoking as a useless, harmful and discourteous habit.

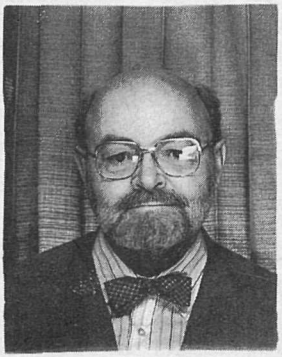
As to social reform, with his wife (who was as well known a public figure as he, being the first Mayoress of London) they changed the face of Bermondsey; slums were demolished, cottages built and gardens planted.

Mr Hughes told of how, after a series of setbacks and six changes in party, Dr Salter was finally elected as the Independent Labour Party candidate for West Bermondsey in 1922. Following a short set-back when he lost office in the same year, he was re-elected in 1923 and remained the MP for Bermondsey until shortly before his death in 1949. This in itself was a remarkable achievement because he campaigned as a local preacher on a crusade as a tee-totaller pacifist and anti-monarchist; all of which the indigenous population of Bermondsey were adamantly against. Mr Hughes told the delightful tale of how at one time Dr Salter was so strongly anti-monarchist that he used to keep a bowler hat beside his bed so that he could sit up and clap it on if he was surprised by the National Anthem while in bed.

Dr Salter's vote was clearly a personal one, and the local electorate were convinced that his motives were genuinely to improve their standard of living, and to campaign on their behalf however difficult this may have been. He was Bermondsey's voice to the world. Dr Salter was a fearless man and no worthy cause, however desperate or unpopular appealed to him in vain. Whether it was a conscientious objector being beaten and brutalized in prison, a negro being ill-treated, or a whole community being starved and neglected, this incredible doctor would sally forth to their relief.

As Simon Hughes pointed out, Dr Salter seemed to court unpopularity in Parliament and to revel in being always with the awkward squad. Having heard of Dr Salter's antics, it is easy to understand why it is said of him that no man who sat so long in Parliament has ever been out of step so often, and so ostentatiously as Dr Salter. He seemed to love walking by himself but to his credit, as the years went by, he found himself less and less alone on the hard uphill paths he loved to tread. Current British politics does seem to have few people of this calibre. The people of Bermondsey will not forget this man.

Obituaries



John Harold Hackwood (1931–1989)

It is with great sadness that I record the death of Dr John Hackwood (Guys 1953–1959). John entered Guy's in 1953 after two years' National Service in the RAF. He qualified MBBS, MRCS, LRCP in 1959/1960.

Then after house jobs at St John's, Lewisham, and Farnborough, he entered General Practice in 1963 at Shooters Hill Road, until his premature retirement last year following coronaries a few years earlier. Then came a cruel CVA which destroyed his speech, but with the help of his wonderful wife Jill, and children Russel, Duncan, Sara and Jo-Ann, he retained his dignity and sense of humour until his death on 23 March.

All those close friends who qualified with him at Guy's won't forget his humour and kindness.

Those of us on the same Anatomy 'Firm' with him during the 2nd MB course will remember the convulsions of suppressed laughter as John wove an impenetrable web of anatomical confusion over our poor Anatomy Demonstrator.

But the Guy's selection system worked, for he became a much loved and respected General Practitioner.

As one old lady said to me after John had dealt with her Colles fracture at St John's — giving her his total attention and a cuddle as he left — 'He's lovely isn't he!' Yes, he was.

John Kelly

Physiotherapy Notes

Examination Time

As the temperature rose into the 80s during the written final examinations in Shepherd's House (final in two senses — as these are the last of the national course exams), the Assistant Principal of the School was seen coming from the Department of Physiotherapy and going in the direction of the School of Physiotherapy. He was carrying in one hand a polythene bag half-filled with crushed ice and in the other hand a bowl of crushed ice. One asked oneself what he would be doing with this booty and imagined him sitting with a bag of ice on his head with his feet plunged in the bowl while invigilating the exams. His reply on being questioned was 'one of the students has a migraine'. We were left considering how the stricken student would best use the therapeutic ice. . .

The first final examinations of the Guy's Hospital Diploma Course will be sat next year. This course began in September 1987.

White Paper High Finance

We have presented to Dr Saxton (Guy's) and Claire Perry (Priority Care) Nine Points of grave concern to physiotherapists regarding the White Paper. One financial point we did not mention — and do not understand — is the proposed plan to charge hospitals for the use of the land and the buildings.

Mr Guy built his hospital with his own money — and was the Hospital not handed over to the state for use in the NHS in 1948? Are we now being asked to carry an interest-bearing debt on our own inheritance from Mr Guy?

Flaming May

The wonderful sunshine has drawn Guy's people out into the park. Does it not lift one's heart to see staff, students and patients scattered on the grass, walking the paths (deftly negotiating the bicycles) and sitting on the benches?

During the winter months some gnome must shuffle the benches around — or it is Mole in one of his more mischievous moods? It happens every year; as the sun comes out, a close inspection has to be made of each bench and its plaque. One receives a few strange glances when going about this task. Eventually the sought-for bench is found. This year it was by the entrance to

Hunt's House. The bench, presented in memory of Jean Jenkins, Superintendent Physiotherapist from May 1959 to March 1972, is again in its rightful position — facing into the sun by the path leading up to Shepherd's House. The wonderful sunny weather used to give her much pleasure.

Annual Charity Ball

The Student activity related to the Annual Charity Ball is building into a crescendo as the arrangements are finalised for the festivities at the Waldorf Hotel on Saturday 10 June 1989.

Diana Innocenti

Nursing Notes

Nurses as Educators

Virginia Henderson wrote in her 1966 book *The Nature of Nursing*: 'The unique function of the nurse is to assist the individual, sick or well, in the performance of those activities contributing to health or its recovery (or to a peaceful death) that he would perform unaided had he the necessary strength, will or knowledge'. The last word of this definition points to our role in health education of the public — both sick and well. Nurses are supposedly experts in health matters, and therefore have an obligation to provide patients — or customers as we may soon be calling them — with the best care available, and this includes caring for their educational needs.

Studies of patient satisfaction have shown that information needs are often not met. But the significance of nurses as health educators is made clear in the training schedule. Explaining a condition, interpreting the medical jargon used by a doctor, the way in which a diagnosis may affect their lives, how they may reduce the likelihood of complications, what they can do to aid recovery, and how to look after themselves following discharge from care, are all parts of the nurses' duty towards a patient.

There are limitless opportunities for the nurse to practise health education in any nursing specialty, and with many different kinds of people, whether patients, clients, or patients' relatives. The only limitation is a nurses' ability to recognize an opportunity when it arises. Some nurses have a rather narrow view of what health education is in nursing; they see it as the formal procedure carried out by a tutor.

It is not possible to list all of the occasions where a nurse may fulfill his or her function in health education. Central to the concept of a nurse as health educator is that he or she should be an effective communicator. Effective communication means that the transmission of an idea from one person is correctly received and interpreted by another person, without loss or change of meaning.

Nurses often make mistaken assumptions about a patient's knowledge and understanding of the words they use. These words may be new to the patient, or mean very different things to him and the health educator. In one study, relatively simple words such as 'dilated', 'acute' or 'nutrients' caused problems. Other commonly used words like 'inflame', 'swab' or 'chronic', were frequently misunderstood. Rules to prevent this are simple: avoid words that are not likely to be understood; assume that less is understood rather than more; check that medical and technical words are understood, or explained. Mistaken assumptions about other people's values and attitudes are likely to create further pitfalls for the nurse as health educator.

The aim of health education is important. It should ensure that there is freedom from disease, that individual behaviour is conducive to this freedom, that there is adequate understanding by the individual, and in order to achieve this, a proper evaluation will include working with the patient, or client, on their own terms. The outcome will be determined by the nurse evaluating whether health has improved or deteriorated. If this is accomplished then nurses will see themselves as successful educators in the terms Virginia Henderson intended.

Denis Cobell

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Book Reviews

Cecil Review of General Internal Medicine. 4th Edition.
Edited by Smith and Wyngaarden. £19.95. Soft cover. W B Saunders Company.

Smith and Wyngaarden are the current editors of Cecil's *Textbook of Medicine*. They have produced a useful self assessment book based around Cecil. It has an attractive format with some straight MCQ questions and others based on clinical problems, often accompanied by an x-ray or a clinical picture. The answers are given with a brief explanation and referral to a page of Cecil. The book is well produced and comprehensive, and most of the illustrations are clear. British students would gain a great deal from working through some of the questions.

However, there are a few drawbacks for UK students. The *Oxford Textbook*, rather than Cecil, would be considered by most as the standard major book in the United Kingdom. Although the MCQs have conventional format, some of the series of questions on clinical problems have single true answers, which is less valuable than wider options but appears to fit with American Board examinations.

Expenditure of £16.95 on this book would be good value for revision for final MB, or even for MRCP, and, perhaps, for real life afterwards.

P J Rees

Scott: An Aid to Clinical Surgery. 4th Edition.
H A F Dudley and B P Waxman. 315 pp. £9.95. Soft cover. Churchill Livingstone.

This fourth edition has been expanded by only nine pages over the third, keeping it an invitingly concise volume. A new first chapter (of three and a half pages) on clinical methods has been added, which begins by suggesting that most students will fail to find anything relevant in it and will skip it — excellent advice. The rest of the text has been reworked with changes in layout and use of bold and italic sub-headings. In places the text has been made more readable, or the emphasis has been shifted, but the bulk of it remains similar to the previous edition. However, the chapter on head injuries has been replaced by a new one on brain injuries which contains amusing diagrams to demonstrate the mechanisms of brain injury, useful diagrams to show brain herniation and many CT scans. The assessment of conscious state is covered in much greater detail than in the third edition and includes a photograph of the Glasgow Coma Chart. This wealth of illustration is in stark contrast to the less-revised remainder of the book. Although some new figures have been added, more would be of benefit to aid the memory and to break the monotonous appearance of the text.

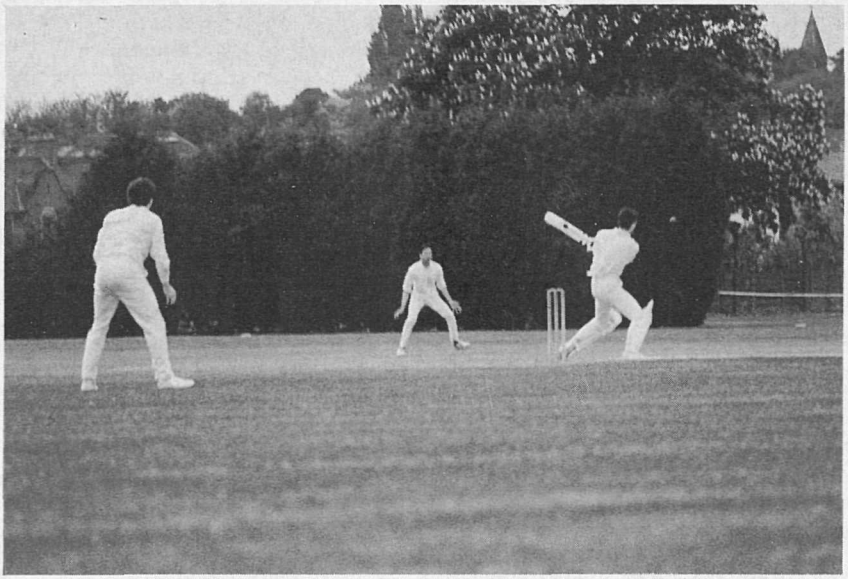
Ignore the appearance and the content is excellent. Although intended as an adjunct to other, more weighty tomes, there is enough detail to pass MBBS finals, and little padding. It is set out with useful lists of causes/features/classifications to be packed away and recalled when needed. One of the best features of the third edition was the highly structured way in which each subject was covered. The latest edition, while retaining most of this, has an altered format in places such that it covers a subject under the same sub-headings

as before, but has lost some of the initial lists of these sub-headings. A small change, maybe, but for revision I prefer to see a single list of memory-triggering headings rather than to have to flick through several pages jotting them down. The text could be enhanced by the use of boxes and shading for the more important information — much in the style of *Medicine International* or Kumar and Clark's *Clinical Medicine*. As it is, liberal use of highlighter pens is called for.

In conclusion, if you have the third edition I don't think that it is worth rushing out for the fourth, but if you're still relying on Lecture Notes on General Surgery for an overview and revision aid, then this book is much better and well worth having.

MJS

Sport



Jon Hare scores some runs

CRICKET CLUB

At our AGM this year, Dr George Scott 'abdicated' from the high office of presidency of our club, in favour of Dr John Rees. We suspect and hope that this will not be the end of Dr Scott's involvement with Guy's Cricket Club. I would like to welcome Dr Rees as our new president, with the proviso tht he does not score too many runs against us in the past vs present match. Thanks to Simon Crowther, Richard Vowles, Kevin Singh and David Bailey for the efforts they put into running the club last year. I wish success to Henry Taylor

(*Captain*), Jon Hare (*Vice Captain and Secretary*), Sanjay Gautama (*Treasurer*) and Dheeray Mehta (*Second team captain*) for this year.

Further thanks go to Dr Scott for generously providing the drinks at our buffet party on 14 April — they provided the catalyst for many of the anecdotes related that evening.

Nets were once again at Lords. They were well attended, but usually by the same crowd.

Guy's 1st XI vs Templesheen (H)

This was our first real match of the season. We were put in to bat first. After a shaky start — 43 for 4 — Henry and Aslam came together, putting on 106 runs for the fifth wicket. Although looking decidedly ill Henry scored a fine 83, with Aslam scoring 41. We ended up with 176 for 7 (declared) off 45 overs.

When Templesheen went into bat, it soon became obvious that a draw was likely. Despite some tight bowling, and several bowling changes, we could not get the wickets required. They finished with 113 for 5 off 43 overs. (Henry Taylor: 2 for 14 off 10, Gavin Shannon: 1 for 16 off 7, Sanjay Gautama: 1 for 6 off 4). Match drawn.

Guys I vs London Hospital (H), 40 overs

The London were put into bat and weathered through some superb bowling from Julian Thompson to make 162 all out off 39.3 overs. Julian Thompson: 6 for 12 off 7.3, Nishan Dixit: 2 for 35 off 8, Sanjay Guatama: 2 for 28 off 6. Steve Lewis was especially unlucky not to take any wickets.

Once again we started shabbily, being 45 for 3. However, some of this was due to dubious LBW decisions — I have my doubts, but Henry assures me that this is not how Steve 'Fingers' Lewis got his nickname. A partnership of 92 by Ian Hare and Guy Selman, scoring 40 and 55 respectively, took us to a healthy 137 for 5, with overs and wickets to spare. It should have been an easy win, and indeed we had started celebrating, but circket is, as they say, a funny game. Basically we collapsed, mainly due to the more inexperienced batsmen trying to go after a left arm orthodox spinner who was spinning the ball miles, but was never going to hit the wicket. We finished with 158 all out off 34.2 overs. Match lost by 4 runs.

Guys I vs Carnegie (H)

This was a story of potential disaster being converted to miraculous victory.

We were put into bat and collapsed straight away, with only Henry Taylor (31) and Saf Ghauri (25) scoring any runs. We ended up with 87 all out off 36.4 overs.

However this ridiculously low score to defend brought out some high class bowling: Saf Ghauri: 1 for 16 off 7, Henry Taylor: 5 for 31 off 13, Iqbal Malik: 3 for 11 off 8. This resulted in a score of 75 all out off 29 overs. The only casualty was Mike Goodwin, our wicket-keeper, because Henry had been bowling too fast. Match won by 12 runs.

Guys I vs Imperial College (A), UL cup, 40 overs

This match was embarrassing. Even though we could not take the team we had wanted — because of working commitments — our team was still fairly strong.

We were put into bat first and, guess what, we collapsed. All I'll say is that we lost 5 wickets for 8 runs, and

Ian scored 26 runs; close to half our score.

With an essentially indefensible score, Julian Thompson and Henry Taylor bowled their overs out, Julian taking 3 for 20 off 8.

I would like to thank James Taylor for coming down and umpiring for us. Unfortunately he got hit on the elbow by the second-from-last ball of the match and his car suffered a minor crash on the way back. I hope both his elbow and car are better now. Match lost by 7 wickets.

Guys I vs Old Citizens (H) 7

We were expecting a hard game since Old Citizens thrashed us last year. Old Citizens batted first, and fell foul of some superbly accurate bowling. They were 44 all out off 25.2 overs. Henry Taylor: 1 for 8 off 8, Steve Lewis: 2 for 4 off 4.2, Iqbal Malik 5 for 18 off 7. We won by 9 wickets, scoring the runs for the loss of 1 wicket off 9.5 overs, Edgar Jones batting through scoring 20. The match was fortuitously short, allowing us to watch the extra time of the FA cup-final. Match won by 9 wickets.

Guys II vs St Marys (A)

Everything went wrong for us this day. Although a seconds match, the opposition was surprisingly professionally dressed in whites, whereas most of us were decked out in 'shorts and shades'. We were made to field first on a scorcher of a day and soon found out that we only had two bowlers. In the end, they scored a respectable 157 for 9 (declared) off 40 overs. Saf Ghauri: 5 for 39 off 15, Sanjay Gautama: 3 for 49 off 15. Our nightmare batting started almost straight away with Ian being given out LBW. This he almost certainly was not; and the umpire was informed that if he gave any more LBWs he would lose all, if any, reproductive capabilities.

However Saf, Aslam Sohaib and Sanjeev Patel steadied the batting, playing defensively in an effort to play out the overs. With three and a bit overs to go Jim Taylor our last man came in. Somehow, I got the feeling that St Mary's thought they could win — they had 8 fielders behind the wicket. Jim ended up facing the last over from their best bowler. He was told to get his front foot forward, and not to touch the ball with the bat unless it was aimed at his wicket. He was brilliant — and he even survived 3 LBW appeals.

As we walked off, with the match drawn, it felt as if we had won.

Over a third of the way through the season it would seem that Henry has a reasonably talented squad to choose his team from. Also he has always had eleven men playing — a luxury compared to previous years.

The bowling, so far, has been of a high standard. The batting, however, leaves a little to be desired; though not for lack of talent. I feel that the matches so far have shown that everyone, from number one to number eleven, has a responsibility to bat seriously. Fielding has been reasonable, but could tighten up a little.

I would like to thank Eric Dann for his work and help down at HOP, and Joyce for providing the best teas we've had anywhere. The only problem being they're sometimes too good — if you know what I mean.

I think we can look forward to a good if not successful season, especially if the weather holds out. If we can field the teams we would ideally like, I think we can look forward to the UH cup with a fair degree of confidence.

Sanjay Gautama

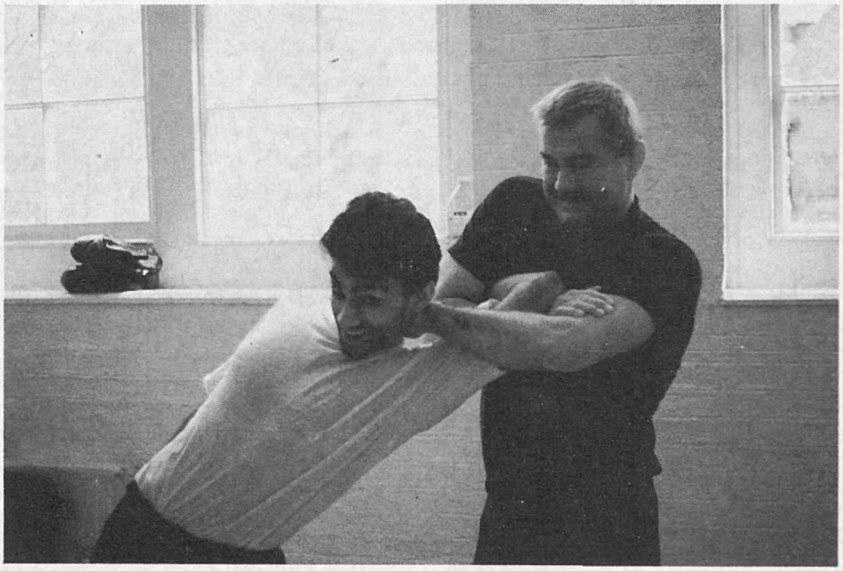
MARTIAL ARTS CLUB

A seminar with Larry Hartsnell

On the 22 and 23 April a seminar was held in Jeet Kune Do, at the Academy. Bob Breen is the organizer and senior instructor at the Academy, being one of the foremost martial artists in Britain, teaching hali and kickboxing among other arts. He kindly invited Larry Hartsnell over from America, to give a seminar on Jeet Kune Do. Larry Hartsnell is renowned as a student of Bruce Lee, and a martial artist of great ability, with a particular interest in grappling. Jeet Kune Do is essentially a system of combat concepts put together and developed by Bruce Lee. It is not really a style or art per se, and so is available to all martial artists. That is probably why the seminar was attended by practitioners of Wing Chun, hali, Thai boxing and kickboxing.

The seminar was well attended, and lasted a total of nine hours, over the two days. These hours were so jam-packed with techniques that one's head was literally buzzing by the end of the day. On the first day, Larry covered many focus mitt drills and lock-flows with grappling/counter application. The second day consisted mainly of traversing kicking/boxing/trapping ranges and stickwork. Fortunately, I had seen or had an idea of many of the techniques used, because these seminars would probably have been useless to the beginner. The trapping and close range fighting was Wing-Chun-Like; and the footwork and power punching were reminiscent of Silat. I left the seminar with a sense of achievement, a sore head — through thinking — and a tired body. I would like to thank Larry Hartsnell for giving the seminar and Bob Breen for being such a welcoming host.

Guy's martial arts club is taught by Ian Davis. Although Wing Chun based, Ian essentially teaches a complete combat style that covers all ranges and incorporates ideas from other styles. An emphasis is placed on



Getting to grips with Larry Hartsnell

footwork, which is the hallmark of a true martial artist. He covers both unarmed and weapons training — including knife and stick work. The atmosphere in the club is warm and friendly, with a good attitude to learning and improvement. The element of fear that is used to run many martial arts clubs is certainly not present; the discipline coming from within and through a respect for Ian, both as a martial artist and a person. He always stresses both the psychological and the physical; and administers effective — though often painful — physiotherapy free of charge. I would like to thank Ian for all the time and effort he has put into the club, being our instructor from the very beginning.

Sanjay Gautama (*Captain*)

RUGBY CLUB

Guy's RFC Seventeenth Annual Reunion Weekend. April 1–2

The weekend began on Friday evening when Paul Chew and Bill Hogan held a combined birthday party in *The Vaults*. Throughout the event there was a steady inflow of Guy's rugby alumni, dutifully attired in evening dress and accompanied by wives and girlfriends. Rose and Stephen Duckworth were among the first to arrive, and were soon surrounded by a circle of friends. It was a large assembly and included some who were unable to attend the dinner on the following evening.

The reunion dinner proper was held as usual in the dining room of Boland House. Many attending had played rugby that afternoon and were keen to slake their thirst. As the band reorganized to form a string trio, members past, present and guests took their places for an excellent meal provided by the Hospital caterers.

The guests included Professor T J Clark, Dean of UMDS; Mr & Mrs E Dann who care so well for the Athletic Ground at HOP; Mr & Mrs T L T Lewis, ex-President of Guy's RFC and brilliant Cambridge and Guy's player; Mr & Mrs Bill Treadwell, one of the last Guy's players to perform for England and Dr & Mrs A Wing, President of St Thomas' Hospital Rugby Club. Other members of Guy's senior staff present were Prof & Mrs S Challacombe, Mr & Mrs Koffman and Dr G Scott. There were at least six previous Guy's first fifteen Captains present and representatives of several successive generations of undergraduates.

After dinner, Dr Gibson, the Guy's RFC President, told the customary series of jokes, some predictable, some amusing and some obscure. Toasts and more humour were delivered by the Captains; Wayne Llewellyn and Gareth Parry. There followed several hours of dancing, including some cavorting to Scottish fiddle music. The bar was quite busy and Dr Gibson's alter ego, together with Malcolm Cameron and assorted relatives managed to satisfy a thirsty crowd.

At some point past midnight, the band finally resisted pleas for more and the party gradually dispersed. One contingent of merry-makers seemed keen to stay until dawn but were eventually sent off to collect their rugby kit for the day's games.

Past vs Present First Fifteen: An Epic Struggle!

It was 3 o'clock. Thirty solid men faced each other across Eric's lush pasture. The sweat trickled over the taped foreheads and far away now were the memories of the previous

night's dinner; far away the lively band, Kolin & Pugh's dancing, and Terry's jokes.

Gareth Parry's soldiers stood tall with the dignity of age. Wayne's warriors held their young heads high and their fit bodies taut in expectation. The shrill note cut the tension and the battle commenced.

The Past used power and weight and put pressure on the Present. The Present, although prepared for this, were rocked back on their heels, as the alumni thundered through scrum after scrum. But the Present tackled and rucked aggressively and made the Past use their valuable and limited energy at every moment.

The Past's early pressure paid off when a hurried Neil Davies clearance kick was charged down by Jones, who took a return pass from fellow three-quarter Neil Slater to score. The try, coming on top of two penalty goals gave Parry's past a ten-nil lead and it looked as if the contest would go the way of the previous three. But things were soon to change.

The men of yore had expected to pick off the lines-out with Keevil, Conchie and Dooley, the tall triad, reigning supreme. But they had not accounted for the incredible heights reached in the line by Beardmore, Thomason and Boothroyd. The cleanest possession was, therefore, won by the Present and this gave a platform to launch the eager back-line.

The possession allowed will-'o'-the wisp Neil to gain territory with booming touch kicks, and the backs to tire the lumbering Past by utilising the full width of the playing area. Wayne's men, spear-headed by the hungry back-row, began to achieve the upper hand. Fearful pressure led to a typical scurrying Docker try and later, to a Neil Davies touchdown.

As the Present continued to rage, the Past tired and faded, with only full-back Jones remaining fiercely competitive. The Past had nothing left to offer, and the Present carried the day by adding an easy penalty from Wayne and a long-range penalty from Davies.

Sixteen-ten. The battle was over for another year. Fitness and youth had overcome weight and experience. Afterwards, all were satisfied with a fine afternoon's sport and a fine weekend's celebration.

Teams:

Present — M Sear, R Llewellyn, E Cheah, C Beardmore, G Thomason, J Boothroyd, G Ryan, W Llewellyn (Capt), R Docker, N Davies, W Schaeffer, J Worth, A Wilson, S Bunting, A Hall.

Past — G Parry (Capt), E Rose, P Chew, M Popplewell, B Keevil, K Conchie, J Brazier, P Davies, P Dooley, N Poole, A Jones, N Slater, M Reece, H Williams, D Maggs, M Coleman.

Past vs Present — Second Fifteen

These games are always contested with spirit and vigour on the one hand, and guile and physical economy on the other. In the first few minutes it seemed that the old men were to be overwhelmed. The Present players stormed about the field, picking up loose balls and forcing play up to the Past line. Linney and Cunnington were especially visible, while Rose, Martin, Slater and Pugh repeatedly wrenched the ball from the Past in the mauls. Somehow, despite superiority of possession and a skilfull backline, the Present side accumulated no more than 6 points in the first half. The referee was perhaps a little generous to his contemporaries.

Given time to adjust their game, the Past began to play a tantalising and wise tactic. It was not particularly novel and is called 10 man rugby. When the forwards scrambled the ball, Porter passed to Koffman who deftly kicked behind Davies and the opposing pack. Thus the day was saved. Between times there was much torrid activity among the opposing packs, and fierce tackling on both sides prevented a rising tally. Exhaustion and prudence were at times apparent among the senior players as the interval between whistle and the assembly of set play increased. Bowskill and Love, both only just qualifying for the Past side, had excellent games and helped contain the boisterous back row of the Present team. Koffman recovered from earlier disappointments and kicked two nice penalties to level the score with about 15 minutes remaining. Thereafter it was all desperate stuff. The Present were unlucky not to score at least one try. To their credit they attached only a little blame to the referee.

The final whistle was blown on both pitches, and 60 odd men trudged or trotted to the baths and beer. As always, there was a wonderful spirit of conviviality and pride in having participated in these great Guy's fixtures.

Teams:

Present — C Pugh, M Martin, M Morgan, G Slater, T Smith, M Rose, D Cunnington, A Linney, J Barwell, J Coombes, M Simmons, P Gush, M Loosemore, H Davies (Capt), P Thomas.

Past — C Howell, T Gibson (Capt), D Zangouras, A Slade, D McGuckin, R Bowskill, S Love, J Conchie, A Porter, G Koffman, D Guppy, M Clewley, A Mistlin, K Underwood, M Danford.

Ref: Prof S Challacombe

3rd XV Tour to Guernsey Easter 1989

M Glyndawr, C Petal, K Blossom, T Boss, M Mary, D Fish, P Dumbo, A Koc, R Scab, A Sweathead, D Helmet, C Gut, G Slobs, M Paddy, J Fluff

Departure time arrived and the unusual sight of a full complement of players met our Captain, Glyndawr, who later revealed the secret of his success: enormous bribery and chatting up Scab's mother. Having launched the tour with a bottle of Gun Dog Sherry slammed into Slob's mouth, the team journeyed uneventfully to Guernsey.

With an ex-Arachnoid having been successfully slipped onto the island, we settled into the aptly named Gorey Villa Hotel.

Soon we were off to a jolly tavern, selling fine ales and harbouring an old Guy's man (John), rumoured to be of the same era as Boss. Frustrated over the years by his lack of contact with fellow Guy's men, he was persuaded to shed his hermit-like shell by our two shyest tourists, Blossom and Petal.

Later the tourists returned to the hotel and the merriment continued until the 'ghost of good times past' appeared and ordered her spack to shut up shop. This he did by applying the inexplicable logic, 'it's impossible to drink and sing at the same time!'

Saturday dawned, and after an eventful morning's bicycling the Antipodean Sourpuss arrived to take the enthusiastic tourists to the ground for the game against Guernsey 2nd XV.

Playing some champagne rugby, Guy's quickly took the lead with Gut rampant as ever, as he looked for people to run into. Guernsey soon retaliated and the game was keenly contested, with Dumbo salmon-like in the lineouts. A try by our speedy

winger Blossom soon raised hopes, but Guy's started to slip, aided by poor kicking, straight to Guernsey's flying wingers. However, excellent rolling mauls, engineered by Petal, saw Sweathead, (on loan from the Hockey Club), drive over to score the winning try (result 18–20 to Guy's).

An evening of pleasant banter followed the administration of thirty-two gins and John reappeared to renew his friendship. The tourists then proceeded to a nightclub but Helmet, still wearing jeans, was refused entrance. Consequently, Glyndawr was dispatched with Scab to provide a pair of trousers. Unbeknown to Scab, Gut had already beaten Glyndawr to the buttons and was standing resplendent at the bar in a nifty pair of boxers.

Meanwhile, in the toilet, the authorities, alerted by Gut's shapely figure, were confronting Glyndawr, whose red faced and blue Y-fronted cries of 'where are my blasted trousers?' met with little sympathy. Having persuaded a very camp Guernsey male that he did not have to take his trousers off as well, he advised the tourists to return to base.

As tired and weary tourists dropped off, (especially Glyndawr, did he really drink that?) Blossom dragged Petal and Scab off for a midnight cycle ride and astrology lesson to round events off.

Sunday morning produced some sorry-looking faces, especially Gut who swore, 'never to go on tour with Beardmore again,' for the fourth year running. Later, we arrived at the ground for a match against Guernsey Veterans. A strong side initially caused Guy's some trouble, but the rampant Blossom, Petal, Mary and Boss soon restored the lead to Guy's. Following a cunning continuous wheeling of every scrum the home team were finally disorientated, and Blossom scored another spectacular winger's try (Guy's won 36–18).

The boring parts out of the way, the Fossil Cup was awarded to Guernsey Veterans. The tourists then set off to compete in the Guernsey Grand Prix. Unfortunately, the final was cancelled due to over enthusiastic action by fire marshal Paddy, putting out a non-existent fire.

The tourists then prepared for a quiet flight home — no chance. Glyndawr, having joined the mile high club (8 gins of course), received a torrent of abuse from the lady in pink, following his enlightened speech. Having safely negotiated this, he failed to reclaim his luggage, hidden by his adoring team, who were already halfway back to Guy's.

Thanks must go to Glyndawr for organizing the tour and all the tourists for making it an enjoyable weekend.

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Hospital Information

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TIDMAN. To Jill and Mike, a daughter Alice Sarah Marion, a sister for Oliver, on 25 October 1988.

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The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

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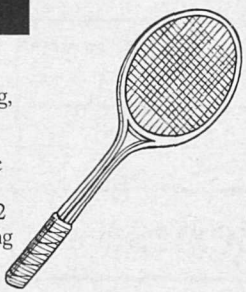
TRY OUR SHORT ORAL TEST

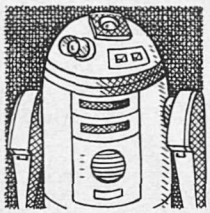
1 What has a really comfortable grip?

- ☐ (a) The Boston Strangler
- ☐ (b) The Sensodyne Search 4
- ☐ (c) A toothless bulldog.



2 What has a long, slim neck?

- ☐ (a) The Sensodyne Search 4
- ☐ (b) A bottle of 1982 Yugoslav Riesling
- ☐ (c) A cygnet.



3 What has a compact head with rounded corners?

- ☐ (a) A primary school
- ☐ (b) Just about everybody
- ☐ (c) The Sensodyne Search 4.

4 What has a dense brushing surface?

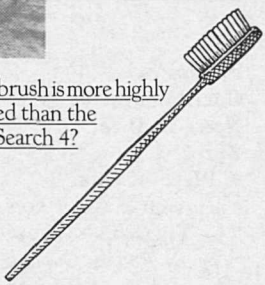
- ☐ (a) The Sensodyne Search 4
- ☐ (b) A dry ski slope
- ☐ (c) A road-sweeper with an IQ of 72.

5 What's head and shoulders above the rest?

- ☐ (a) The Hunchback of Notre Dame
- ☐ (b) A giraffe
- ☐ (c) The Sensodyne Search 4.

6 What toothbrush is more highly recommended than the Sensodyne Search 4?

- ☐ (a) None
- ☐ (b) Zero
- ☐ (c) Zilch.



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*Independent Dental Survey 1986. Data on file Stafford-Miller Ltd.

Passim

The summer exams have gone by once more, bringing relief and celebration to many and despair to a few. Those who have failed their finals face a few months of intensive preparation for their resits, after which they will hope to be able to start their house-jobs. For the preclinical students, however, there is just one more chance before their studentship ends.

It seems to be medical school policy to weed out as soon as possible those who lack the motivation or ability to complete the whole course satisfactorily, a policy which on the face of it seems to be in the best interests of the school, the taxpayer and the students themselves. No one wants to waste five years *not* becoming a doctor. But the way in which students are selected for expulsion has always struck me as strange. Is it those who are inept, uncaring or unable to communicate who are thrown out? Is it those who boast that they've never clerked a psychiatric patient in their life? No, the ones we like to get rid of are the ones who can't recite the enzyme cofactors in the hexose monophosphate pathway, or the muscle attachments of the ischial tuberosity. I feel that this is the wrong yardstick to use.

In defence of the current system, it might be said that it is an inevitable consequence of the fact that the preclinical course comes before the clinical, and that if the school feels anyone is not going to make it through the course it is obliged to let them know before they have wasted too much of their life. One could also argue that, even if the preclinical course is often uninspiring, it is as good a test as any of a medical student's motivation. To the second of these arguments I would simply say that if I were coming to medical school at eighteen, having just coped with the rote learning required at A-level, and looking forward to the stimulation of a university education, I would feel pretty cheated by the time I was halfway through the biochemistry course. Why, at that stage, should one be expected to demonstrate great commitment to a career of which one has effectively no practical experience at all?

There remains the question of whether students should have to complete the preclinical course before gaining any experience of life on the wards. How about devising an induction course, lasting about a month, which all new medical students would follow? They would have to do plenty of auxiliary nursing, maybe follow a house

officer through a series of nights on call, sit in on outpatients, and so on. To those who didn't turn up, or didn't enjoy it, one could then point out that medicine isn't really an education, it's a vocational training, and that it is only the knowledge that they truly want to become doctors that helps many students cope with the boring parts. If you have to throw people out, that seems to be a more logical way of approaching it.

Gazette staffing

To this issue we welcome two new members of the *Gazette* team, Aman Coonar and Jemma Dobson. Aman has contributed to several previous issues of the *Gazette*, and now joins us as news editor. He is in his fourth year at Guy's, having taken a BSc in psychology during his medical degree. He will be keeping an eye out for signs of cognitive dissonance within our pages.

Jemma Dobson is finishing her third year as a medical student, and has revitalized the *Gazette* book reviews, which had been allowed to lie fallow in recent issues. This month we carry five reviews, where last month we had only two.

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Correspondence

Food for thought

Dear Sir

I note, with interest, that Guy's is once again at the forefront of the battle to implement the white paper. Income generation is 'A Piece of Cake' here and I am thrilled that the shop's financial success is assured to the extent that it can afford to hire a marquee, disturb the atmosphere with hundreds of balloons and fill the shop with enough cream cakes to feed the five thousand. I do hope that those who gorge themselves on the saturated fats do not have triple vessel disease, but if they do we can always make more money by charging their GPs for their inpatient stay.

Can anyone tell me why we have a cream cake shop situated not only in the grounds of a hospital but also next door to the offices of the Dieticians? Furthermore I should like to know why chip machines have sprung up around the hospital. Who decides on what anyone puts where? It is still with disbelief that I inhale the greasy odour of chips as I pass through the lift lobby in New Guy's House. How can we claim to educate patients when we actively encourage the consumption of those foods that we tell them to avoid? Are the uniformed staff soon to be seen eating cream cakes or chips on their way to the wards? What an extraordinary example that would be!

Writing this letter has made me think. What about a cigarette kiosk?

Yours faithfully

SARAH EVANS
School of Physiotherapy
Shepherds House
Guys Hospital

A sense of perspective

Dear Sir

So eighty nine million pounds is to be spent on the Phase III development at Guy's. This is meant to be something to celebrate. Does it make sense?

Has anyone stopped to ask 'Should Guy's be where it is?' Money has been and is being poured into Guy's and St Thomas's to build and develop on the most expensive sites in the country, to provide hospital beds which are not needed for the local population and are outrageously expensive to run (London weighting etc).

£89 million would build two new hospitals in the periphery where facilities are desperately needed. Guy's provides a marvellous speciality service but is London the right place to do this? Why not provide these services away from London? They would be much cheaper, the capital expenditure would be less, staff could get there more easily and there are other universities which can provide the academic and research contacts needed. In addition students would be better catered for, with more typical patients and easier contact with general practitioners.

The time has come for Guy's to take the lead by example and to refuse to waste money in London. Guy's should move out and show that the staff's concern is for the majority of patients and not self-indulgence in tradition.

Yours faithfully

DAVID A LILLICRAP
29 Princes Gardens
Cliftonville
Kent CT9 3AR

Rugby progress

Dear Sir

I read in the *Daily Telegraph* 7 July 1989 that there were five medical students from Guy's Hospital in the British rugby team of 1904 which beat the Australians 17–3 at Brisbane.

I also read in the current issue of the *Gazette* that there is a rumour concerning a possible merger of the oldest rugby club in the world with St Thomas's RFC.

As my late teacher, who was very wise, said to me on more than one occasion in his own inimitable way, 'Progress is a wonderful thing'.

Yours faithfully

GEOFFREY HAMMOND,
MD, FRCOG
Consultant Emeritus
Royal Hampshire County Hospital
Winchester
Eminent Teacher
Post Graduate Medical School
Budapest

Our mistake

Dear Sir

I would be grateful if you would correct an entry in your last issue. You quote me as saying that I have 'ruled out' any prospects of a ballot among GPs in the Guy's area on the question of self-governing status for Guy's. I have not in fact ruled it out nor indeed, ruled it in. I have made no public comment on the issue.

Yours faithfully

DR RAYMOND PIETRONI
2 Princess Street
London SE1 6JP

Skin trouble

Dear Sir,

In your issue dated April 1989, you reported some of the present dissatisfaction of the students with the new clinical curriculum, and in particular with the firm M2/S2. We are well aware of the problems and think that many of the difficulties involved have been quite unfair to large numbers of students. You suggest that it might be an idea to forget it all and revert to the former programme. There is nothing we would like better.

Various undergraduate teaching programmes such as ours have evolved over the years as a result of experience and incorporating improvements every year. As far as we can find out, the reasons for the new programme had little to do with improvements in the students' programme, but appear to be entirely political, based on the premise that the timetable must be the same on the two campuses. In addition, certainly with regard to dermatology, little effort seems to have been expended on obtaining the best features from both medical schools. It would seem that the two timetables have been fitted together regardless of the students' best interests. As far as we are concerned, the new schedule is entirely reactionary and it would seem that we shall have to spend the next twenty years trying to restore the quality that existed before the changes.

Yours faithfully

D M MACDONALD MA FRCP
Consultant Dermatologist
R S WELLS MD FRCP DCH
Consultant Dermatologist

Gauleiters — there's more!

Dear Sir

It is with great interest that I have followed the on-going saga of the use of the term *gauleiter* around the corridors of Guy's and within the *Gazette's* columns.

My claims to an education in English literature are modest, and even more so in the case of German literature. I decided therefore to obtain expert advice as to the definition of this contemptuous term.

Following correspondence with Miss D J Thompson, the senior editor of the Concise Oxford Dictionary, I learnt that *gauleiter* is defined as 'a political official controlling a district under Nazi rule'. Furthermore, I was informed that the term was used in this context in 1958 by the *Times Literary Supplement* and in 1970 in the October edition of *New Statesman*.

I was surprised however to learn that *gauleiter* is also defined in the larger Oxford Dictionary as: 'a local or petty tyrant' (*Penguin New Writing XVI*, 1943; and L P Hartley, 1949). Have we been right all along in using the term *gauleiter* to address the figurehead of a clinical firm?

Yours faithfully

ZAHEER YOUSEF
Boland House

Physiotherapy fears

Dear Sir

Miss Innocenti's comments on the possible future of the district managed services were well-presented and stated the concerns of many physiotherapists. I too hope the baby is not put out with the bath water.

Yours faithfully

PATRICIA AUTY
Superintendent Physiotherapist
Grove Park Hospital
Marvels Lane
London SE12 9PD

News in Brief

Birthday honours

Three Guy's people were honoured in the recent Queen's Birthday List. Margaret Davis, former Chief Nursing Officer of Guy's Health District became an OBE, Professor D Poswillo of oral and maxillo-facial surgery was awarded a CBE and Professor Ian McColl, professor of surgery and head of the Guy's surgery directorate, was made a life peer.

Professor McColl, a keen supporter of much of the controversial government white paper, will become the third Guy's peer in the present House of Lords. The others are Lord Trafford of Falmer, who qualified MBBS at Guy's in 1957, was a Guy's senior registrar from 1963–66 and is presently a consultant physician in Brighton health authority; and Lord Butterfield of Stetchford who some may remember as professor of medicine from 1963–71.

Ian McColl became professor of surgery in 1971, and since then has been instrumental in many of the innovative changes introduced to medical management at Guy's. With Max Rendall, he introduced the system of medical audit and has fully embraced the resource management initiative experiment currently operating. Professor McColl has had influence over government policy in a number of health areas. The Guy's streamlined system for training surgeons has been embodied in the government paper *Achieving a Balance*. Also, following his work in the government working party on artifical limb and appliance centres in England from 1984–86, he has become vice chairman of the special health authority for disablement services to put into practice the recommendations of the working party report.

He is also president of the Mildmay Mission Hospital in the East End. This hospital was closed in 1982 but was reopened again in 1985 as a self-governing hospital. It cares for young chronically ill patients such as paraplegics and was the first hospital in Europe to open a purpose-built AIDS hospice. Although on a small scale, it is clearly an experiment in 'opting out' and, interestingly, it cares for the sort of patients whom critics say will be neglected if the white paper proposals are enacted.

Professor McColl told the *Gazette* that he looks forward to taking his place in the House of Lords where he will speak on issues which affect the disabled. He is currently not a member of any political

party despite his popular association with the government, and it remains to be seen if he will be an independent peer. His full title is Professor Lord McColl of Dulwich, of Bermondsey in the Borough of Southwark, but any students scheduled to be in a McColl surgical firm may be relieved to learn that they will not have to practise cap doffing, nor will they have to present patients on bended knee beginning 'M'lud, verily I present to thee one customer by the name of . . .' because he wishes to continue being called Professor McColl. And although the new title will bring with it added demands, he assures the *Gazette* that his work at Guy's and Lewisham Hospitals will remain the top priority.

MJS

Guy's teaching status extended for six months

Following his inspection in May of Guy's pre-registration house officer posts, the regional postgraduate dean, Dr R C King, has agreed to continue to approve such posts at Guy's only for a further six months, from August 1989 until February 1990. Normally such approval is granted for two-year periods, but in his report on his inspection Dr King expressed concern about several aspects of house officers' duties at Guy's, and has required the hospital to respond to his criticism by 1 September.

Of particular concern to the regional dean were the burdens placed upon house officers of taking routine blood samples, administrating intravenous drugs, and having to deal with support services like bed administration and portering which 'appeared not to function at an adequate level of competence'. To use house officers, rather than salaried phlebotomists, to take routine bloods was seen by Dr King as 'a serious misuse of a clinical training grade, and as such a waste of public money. *The practice must cease*'. Similarly, the regular administration of i.v. drugs, particularly at night, is seen as a nursing responsibility, and 'should not form part of house officer duties. *This practice must cease.*'

In view of Guy's status as an RMI hospital, the cruellest criticism in Dr King's report is reserved for hospital administration. Guy's is counselled by Dr King to 'give urgent consideration to the setting up of a bed bureau system similar to the one operated by the Royal Hallamshire Hospital, Sheffield'.

House officers are asked to watch this space for further developments.

Piece of Cake

The road between the flower shop and W H Smith's is the busiest pedestrian area in Guy's. Alongside it lies the new bakery and open-air eating area. The liberal mounds of creamy cakes, sandwiches, and ice-creams are proving to be immensely popular.

In its admirable effort to identify and exploit other new sources of income, Guy's Hospital has just been awarded a liquor licence. This, along with the recently opened bakery is generating debate on the issue of whether hospitals should be allowed to sell goods associated with ill-health.

Some hospitals have taken the line that it would be ethically incorrect to behave so as to encourage ill-health. Recently the South Glamorgan Health Authority voted not to allow the supermarket within the University Hospital of Wales, Cardiff, to sell alcohol. Professor John Catford, executive director of the authority argued, 'Hospitals should be shop windows for health and should not sell alcohol'. However, Mr Russell Hopkins, consultant oral surgeon at that hospital points out that, 'This battle has been fought along moral and emotional lines rather than logical lines', and pointed out that foods containing sugar, which causes tooth decay, and fat, which causes heart disease, would continue to be on sale.

Hospitals which have gone ahead with the sale of alcohol, such as Addenbrookes in Cambridge, have found it to be a successful moneyspinner. We wait with anticipation to hear the decision of Guy's.

ASC

Guy's consultants regroup

As Dr Rodney Grahame points out in this issue of the *Gazette* the unit management board at Guy's has given consultants a written assurance that any decision to become self-governing would be determined by a ballot of all of them. Despite this firm guarantee, a number of consultants at Guy's have felt that recently there has been relatively poor communication and a lack of common purpose between the management board and themselves. Arising from such disquiet, the Guy's combined medical and dental committee (CMDC), chaired by Mr Bret Day, and consisting of all the hospital's consultants, has elected a 7-strong 'select committee', which is charged with 'inquiring, in any way which it considers relevant, into the question of making application for hospital trust status as proposed in the government white paper'.

In response, Dr Hugh Saxton, chairman of the management board, said, 'I accept that doctors are unhappy, the management board should represent the views of all doctors but we have failed to get all directorates to discuss matters with their members. That's a failure on the part of the board and I think the committee's move is a reasonable one.'

The CMDC, assuming an apparently more confident role, considers that its collective opinion will now be more readily available to influence the management board. Furthermore, in a letter to the *BMJ*, key CMDC members, Dr Grahame and Professors Keen and Watson 'urge colleagues working in other hospitals on whose behalf an ''expression of interest in seeking self-government status'' has been made to consider taking similar steps as a matter of urgency'.

Senior manager resigns

Mr Peter Griffiths, the SE Thames regional manager who was to have steered Guy's to self-governing status has resigned. In *Hospital Doctor* (*June 22 1989*) he is quoted as saying that he was hand-picked for the job because of his firm belief in self-government, and it is certainly true that his remarkable career has given him a considerable amount of health-system management experience.

His resignation has been accompanied by media claims that he was forced out by hostility from medical staff. Mr Bret Day, chairman of the CMDC, has, however, denied that doctors had forced Mr Griffiths to give up his post.

Furthermore, Dr Saxton, chairman of the management board, said that Mr Griffiths would continue to advise Guy's despite his decision not to head the self-governing implementation group now being set up. But Mr Bret Day adds, with reference to Mr Griffith's 'job at Guy's' (*my quotes*), that 'there is no such post yet because no decision has been taken on self-governing'!

ASC

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Leukaemia and environmental radiation

An advisory committee chaired by Guy's Professor Martin Bobrow has recently thrown new light on the controversial question of whether radioactive emissions from nuclear installations increases the incidence of childhood leukaemia in the surrounding population.

The Committee on the Medical Aspects of Radiation in the Environment was asked by the department of health to investigate the incidence of leukaemia in young people resident in the vicinity of Aldermaston and Burghfield in Berkshire. Its findings have been widely reported in the press, giving the impression that emissions from these installation have been responsible for a greater leukaemia risk. In fact, says Professor Bobrow, the situation is much more complex.

It has been shown unequivocally that there is a slightly increased incidence of leukaemia in the vicinity of these plants. It is also known beyond doubt from studies after Hiroshima and elsewhere that radiation causes an increased incidence of leukaemia, so that one's first hypothesis must be that it is the environmental radiation in the region of these plants that is causing the excess leukaemias. The problem is that, when one measures the level of radiation found in the soil around Aldermaston, and correlates it with the increased leukaemia, there is a great discrepancy. We know reasonably accurately how many extra cancers to expect from a given dosage of radiation, and there just isn't enough radiation around the plants to explain the leukaemias. The same effect was observed around the nuclear reprocessing plant at Sellafield, where the observed discrepancy was about two orders of magnitude. But around Aldermaston, there would have to be about one million times more radiation to explain the leukaemias.

It is at this point that the facts stop, and all the rest of the argument about the issue is based on conjecture.

Possible explanations for the discrepancies observed in Professor Bobrow's study include a vastly more damaging role for radiation than previously thought; some factor involving the people working in the plant, rather than the radiation emitted from it; and factors not due to the plant itself, like the changed demography caused by the sudden arrival of a large employer in a previously isolated area.

What Professor Bobrow would like to see, to facilitate further work in this area, is the establishment of an accurate up-to-date national database of child cancers, giving precise details of locations through the use of postcodes.

MGS

Wartime Guy's

Dr P N Cardew has written from East Stoke, in Dorset, to remind us of an important anniversary. He writes, 'I am sure that you will be celebrating (?) the fiftieth anniversary of the outbreak of the war come September — some of these photographs may be of interest. Having evacuated most patients, filled and dumped sandbags and dug trenches in the Park, staff and students were left with plenty of spare time to entertain each other, and the Physiology Theatre was taken over for this purpose. These pictures come from the shows during September and October 1939.' (*See over*)

If any other readers have interesting photographs or memories of wartime Guy's, please send them to the editor, who would be delighted to publish them.

Congratulations

To Dr Ruth Hallows and Dr Romesh Rasanyagam, who both qualified from Guy's in June 1987, and who were married in Torquay on 15 July 1989.

The Tall Ships Race

Bernd Kaskas has kindly sent us this photograph (*see over*), with the explanation. 'I enclose three colour prints which show the Polish vessel *Dar Wlodziezy* in front of Guy's Tower being pulled down the river.' This is nothing to do with the white paper, but records the parade of tall ships on the Thames near Tower Bridge.

Electricity consumption at Guy's

Dr Tony Selman reports that some parts of the electricity supply to the hospital have failed recently due partly to their age, but mainly to increasing demands now being placed on the supply. The growing amount of domestic electrical equipment now being used on site is contributing to the problems, particularly in new Guy's House. In addition, due to financial limitations, the purchase of a new ring main have been withdrawn from the Phase III budget. The cost of purchasing such a ring main would be in excess of £1M.

Guy's Hospital Nurses' League biennial party

The Guy's Hospital Nurses' League is holding its biennial party on Friday, 20 October, 1989, from 1830 to 2100 hours in the Robens Suite, Guy's Tower. There will be a buffet supper and wine. Tickets £6.00 each, double tickets £11.00.

Wartime fun: Headley Atkins and the Chorines (*above*) sing 'Franklin D Roosevelt Jones'. *Below:* Peter Bishop with the Starlings. (*Photos:* Peter Cardew)

Dar Wlodziezy **being towed downstream from Guy's.** (*Photo:* **Bernd Kaskas**)

Non-League members and friends are welcome. Apply to Guy's Hospital Nurses' League, c/o Nursing Administration, Guy's Hospital, London SE1 9RT.

Miss B N Stevenson
Honorary Secretary, Guy's Hospital Nurses' League

Student medical education committee

At the moment SMEC is examining how the new and old quartile firms in the clinical years are progressing while they are running side-by-side. The departments involved are all making efforts to accommodate the increased student load, but timetabling difficulties have been occurring and as a result teaching time is being lost to a variable degree. If you have found this to be a problem please let your SMEC rep know, as specific difficulties can be brought to the attention of the department concerned, and dealt with. Of course if there is anything else you wish to raise about the BMS or clinical course, please contact your SMEC rep.

Dave Maudgil
Chairman

Communication?

Featured recently in the *Gazette* was the 'advanced' communications course, part of the new clinical curriculum. As part of this course, students visited clinics in and around Guy's to see particular communication problems in, for example, diabetes or radiotherapy. These are areas in which indifferent communication skills could be a serious handicap to successful patient care.

One particular challenge was encountered in a Lewisham medical outpatients. The consultant, an irrepressibly jovial man who sports colourful bow ties, had to explain to a middle aged woman that her thyroid gland contained a medically insignificant abnormality, but that she also had hyperparathyroidism. The consultation went something like this:

'Is my thyroid alright doctor?' (*clutching her neck*).

'No, it isn't, but it is nothing that we need to worry about, and it does not need any treatment at the moment. What is making you feel unwell is your parathyroid gland, which is also in your neck and is overactive. We'll need to confirm this with another test.'

'Sorry... you said my thyroid wasn't right but was overactive?'

'Yes and no. Yes, your thyroid isn't quite right, but it's your *parathyroid* which is overactive. Unfortunately they're both in the

neck and have similar names. Your parathyroids are very small, like four baked beans behind your thyroid. (*Woman clutches her neck*). 'No, you won't be able to feel them. They do something completely different to your thyroid. Functionally, they're like... Marks and Spencer and Sainsbury's — no, that's bad because they do the same thing. No, functionally they may as well be in your feet.' (*Woman stares at her shoes*). But they're in your neck, and that's why they cause confusion.'

'Oh.' (*Still clutching neck and looking confused*).

'So there you have it. Your thyroid is fine as far as we are concerned, we don't want to do anything to it. But your *parathyroids*, near your thyroid, are causing the problems and we need to treat them. OK? Have you got that?'

Clubs' Union News

Yet again I find myself beginning this column with an update of the constitutions. An EGM was held at both Guy's and our annexe down the river, where the constitution was accepted overwhelmingly by both student bodies. Following the EGM, the constitution was presented to the Council of Governors for final endorsement. The new constitution will come into effect from October this year. Hopefully, this will be my last report on the subject.

The Masked Summer Ball organized by Austin Ihenacho and his committee was unfortunately cancelled (will the person who bought the ticket please collect a refund from Austin). There have however been a number of successful balls recently namely the Rugby Club Ball, the Physios Ball, the Nurses Ball and the UMDS Ball held at Cobham.

Zaheer Yousef

A Piece of Cake?

by *Gourmand*

For most of June those of us who enter the Park via the old War Memorial gate passed a hoarding with notices announcing that Guy's own bakery, 'A Piece of Cake' would be opening shortly. In the latter fortnight two enormous lorries belonging to a German firm of shopfitters were parked on the pavement and one's natural curiosity mounted.

With the hoarding removed, early July revealed men feverishly erecting interior fittings behind a very smart shop front. Guy's alumni who have not visited this corner of SE1 for some time would find it very out of keeping with the Borough they knew. A few days later a striped marquee appeared on the lawn in front of Shepherd's House and notices announced the Grand Opening of 'A Piece of Cake' by Dave 'Kid' Jensen.

Passing the entrance to the marquee on my way to participate in a quiz in the Thomas Guy Club, I noticed a small throng inside. As I was early for my appointment, I went in to be plied immediately with a glass of *Moet et Chandon* and a plastic folder of press releases. Since, quite fortuitously, I found myself at the press launch of 'A Piece of Cake' and failed to notice banner headlines commemorating the event in *The Times* next day, I hoped the Gazette would appreciate this scoop.

Looking around, there was hardly a soul I recognized. Most of the male occupants were in sharp shiny suits, not purchased with AUT-negotiated salaries, talking about 'cost benefit analysis' and 'liquidity ratios'. Although I caught a glimpse of a well-known physician talking to a shiny suit I concluded that I was the only representative of the preclinical school — surely an oversight on the part of the organizers considering that most of the school's many students and employees pass by twice a day? Happily I later found that clinical students were represented by two well known socialites, The Misses Emma Ross and Rebecca Lewis.

The press release indicated that 'A Piece of Cake' is a new concept in partnership between a health authority and private enterprise. It was not made clear how this differed from the long-standing arrangement whereby W H Smith and NatWest Bank use premises in the hospital grounds, except that in this case an agreed

Gourmand proudly displays his 'Sticky Willy' (see text for an explanation) (*Photo:* Ron Simon)

proportion of the profits (cut of the cake?) will go to the health authority. Nor was it clear why a document of 80 pages was necessary to underpin such an agreement.

But, dear editor, what is it that your readers really want to know about a cake shop? They want to know what the cakes are like. Many years sampling bakery products have convinced me that there is no more exacting test of the baker's art and skill than that noble confection, the Eccles cake. Its pastry should be flaky yet have a certain firmness. The lightly browned, twice-scored, glazed top should be sufficiently sticky to attach the sugar crystals and there should be a generous filling of subtly spiced Eccles mixture.

Thus, early the following week, unseen by Mole, Ratty and Sue de Monas, I slipped into 'A Piece of Cake', passed my 38p over the counter — where was the black marble mentioned in the press release? — and emerged with my Eccles. It's some years since I lived in Streatham, but I have fond memories of the Eccles produced by Cloutings at the top of Brixton Hill. Would this be up to that high standard? Frankly, my dear editor, I was disappointed. The pastry was more short than flaky and a little too sweet, the colour was pallid and the filling, though tasty, was far from generous. Its relationship to an Eccles cake was as *Mother's Pride* is to bread.

Those who have enjoyed the statistics course know how easy it is to derive a dubious conclusion from a single sample so I thought I should try again. Unfortunately no Eccles cakes were available on my second visit so I settled for a Sticky Willy (20p). The icing was pleasantly flavoured and the bun well risen but the interior was too dry. It lacked the gently yielding moist texture which characterizes the finest specimens of this, less demanding, example of the confectioner's art.

Of course these are early days and the management will be feeling its way in the new environment. I hope that it will be possible for the product quality to improve because, on the basis of my small sample, the hoped for sales of 'the concept' to other health authorities are unlikely to materialize. This is especially relevant to those areas of the country where regional bakery traditions are strong. In bakery, probably more than in any other business, the message speaks more loudly than the medium, however glossy. I hope too that the management will institute some order into the queuing system. At crowded times now the scenes are more reminiscent of a pub at lunchtime than an up-market bakery and patisserie.

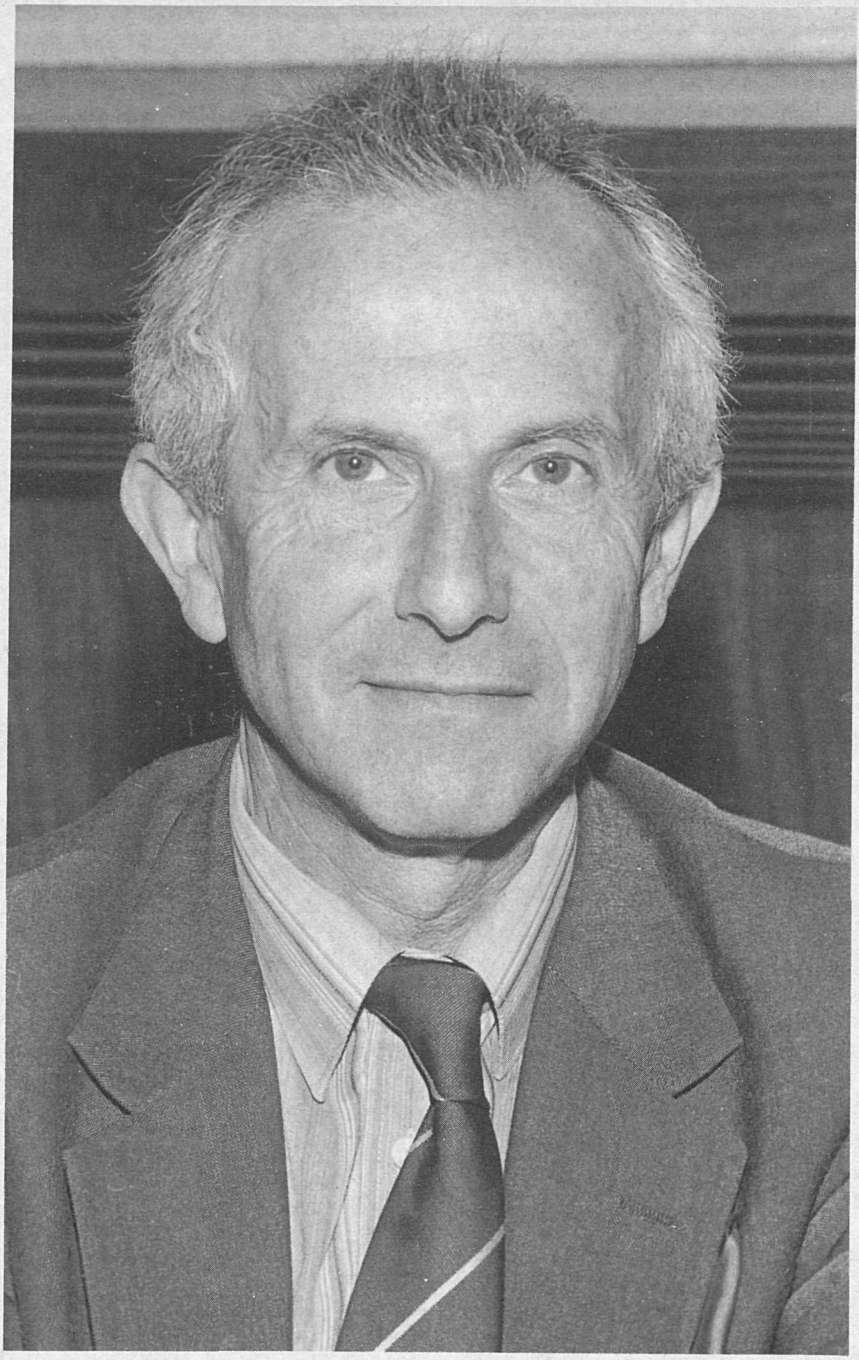
The Flagship — Whose Hand on the Tiller?

Dr Rodney Grahame, consultant rheumatologist

Guy's Hospital has figured prominently in the media over the past few months. Most people working at Guy's resent this intrusion, and would have preferred quietly to get on with their work away from the public gaze. But Guy's has become a battleground for the conflict between those who seek to impose the government's plans for self-governing hospitals and their opponents. How did this come about?

The first shots were fired early in the year when a series of statements appeared in the national and medical press from Ian McColl ('We cannot wait . . . we are absolutely delighted with the idea' — *Observer*) and Hugh Saxton ('A wonderful opportunity.' — *Time Out*) to the effect that Guy's was enthusiastic about the government's white paper plans, and about becoming a self-governing trust (or 'opting out' of district health authority control). The white paper had been issued without consultation with the profession or the public. At the hospital little opportunity was created for meaningful debate either among those who worked in the hospital, or even within the unit management board. It was tacitly assumed that self-governing was the logical extension of our experimental system of resource management (for which it had not been specifically designed), and that Guy's had been selected by the government to become the flagship of the new competitive health service. The ultimate decision as to whether or not the hospital would opt out would be made not by the hospital workforce, still less by the hospital users, but by the management board, a body whose members are not elected but appointed. The all-pervading feeling on the ground was one of inevitability and impotence, and of being managed without consent.

Five hospitals had, like Guy's, been involved in the resource management initiative (RMI) experiment, developing for evaluation the necessary management structures on which resource management could be built. This system is still in the early stages of development. Consideration of any major change in hospital organization requires information gathering systems and accounting expertise which are still well beyond current capability. The other



Dr Rodney Grahame (*Photo:* **Guy's Audio Visual Services**)

five RMI hospitals acknowledged this, and in a letter to the secretary of state pointed out the need to complete the evaluation of RMI before there could be any consideration of self-government. Guy's name was the only one hospital not represented among the signatories to this letter, Hugh Saxton having decided on his own initiative not to sign it. Despite very widely expressed doubts and disagreements among those who worked in the hospital, Guy's was the first hospital to put its name forward formally for self-governance. After much objection from many quarters between unit, district and region this became translated to 'an expression of interest'.

The nadir came when it was announced that Peter Griffiths, our former district manager, was leaving his job as regional general manager (to which he had only recently been promoted) to take up a new post at Guy's, funded by a charitable donation (said to be £100,000) from the philanthropist Sir Philip Harris, to oversee the movement towards self-government. The view was widely voiced that even before any decision to apply for self-governing status had been made, a chief executive-designate had been appointed on a salary provided by someone tipped to become the first chairman of an opted-out Guy's.

Anger and frustration among consultants at these arbitrary and unacceptable decisions boiled over, and from then on a number of important events occurred in quick succession. On 6 May a letter from eight Guy's consultants was published simultaneously in the *Independent* and the *Guardian*. In it they supported the need to improve efficiency in order to make the best possible use of available resources for the benefit of patients. They also reaffirmed their belief in the urgent need for more resources, but saw no virtue in taking them from other hospitals. They challenged the notion that there was general enthusiasm for opting out at Guy's, and expressed deeply held concerns that the proposals set out in the white paper would 'drive us toward the profitable at the expense of the needful . . . turn collaborators into competitors, transmit new messages about the purposes of medicine to our students, and even raise questions about our motives in the minds of our patients'.

A group of 38 consultants wrote to the chairman of the Guy's Hospital combined medical and dental committee (CMDC) challenging the decision to dissociate Guy's from the other five RMI hospitals' letter, and requesting that the CMDC ballot its members on this issue. When an immediate ballot was refused, 49 members commissioned the Electoral Reform Society to arrange a ballot on

their behalf (and at their expense). The result was declared on 9 May. On a 52.7% poll of over 200 consultants, 28% expressed approval of the Chairman's action, 66% disapproval and 6% no opinion. This was more a consultant criticism of the way affairs were being handled than a vote of no-confidence in Hugh Saxton and the management. On the same evening, at by far the best-attended meeting of the CMDC within living memory, members received a categorical assurance from Hugh Saxton that no final decision on self-governing would be made without a ballot of all consultants. This was the turning point.

June saw the strengthening of the democratic processes. The CMDC at its next meeting on 22 June voted to broaden the executive to include a vice-chair and honorary secretary to support the chairman. The committee agreed to set up a small select committee to keep a close watching brief on all aspects of negotiation towards self-governing status, delegating to it powers to call upon anyone involved in these matters to explain developments. In this way the views of members of the CMDC (including views on whether to support or reject application for trust status) will be taken into consideration at every stage. Finally, it was agreed that all clinical directors would submit themselves annually for ratification of their position by the consultants in their directorates.

On 21 June it was announced at a meeting of the Lewisham and North Southwark DHA that Peter Griffiths had withdrawn from the Guy's post. No reason was given. Was it a coincidence that one week earlier he was quoted as saying that 'the notion of taking management decisions by vote, by ballot or by referendums on any key issue is not an approach to management that we wish to endorse'? Will he now be looking to more compliant institutions in order to guide them through into the new era?

How will it all end? At the time of writing Kenneth Clarke seems determined to press relentlessly ahead with his reforms, regardless of almost universal opposition. His followers on the Guy's management board seem equally keen. Will their setbacks at Guy's merely slow down a process that is inexorable? Will the minister take revenge and punish us, perhaps by threatening our vital Phase III development? Or will the government in the face of massive public reaction to the white paper proposals (as judged by recent opinion polls) find it prudent to push the white paper gently onto the back burner?

Watch out for the Queen's speech this autumn!

Hundredth Birthday of the Johns Hopkins Hospital

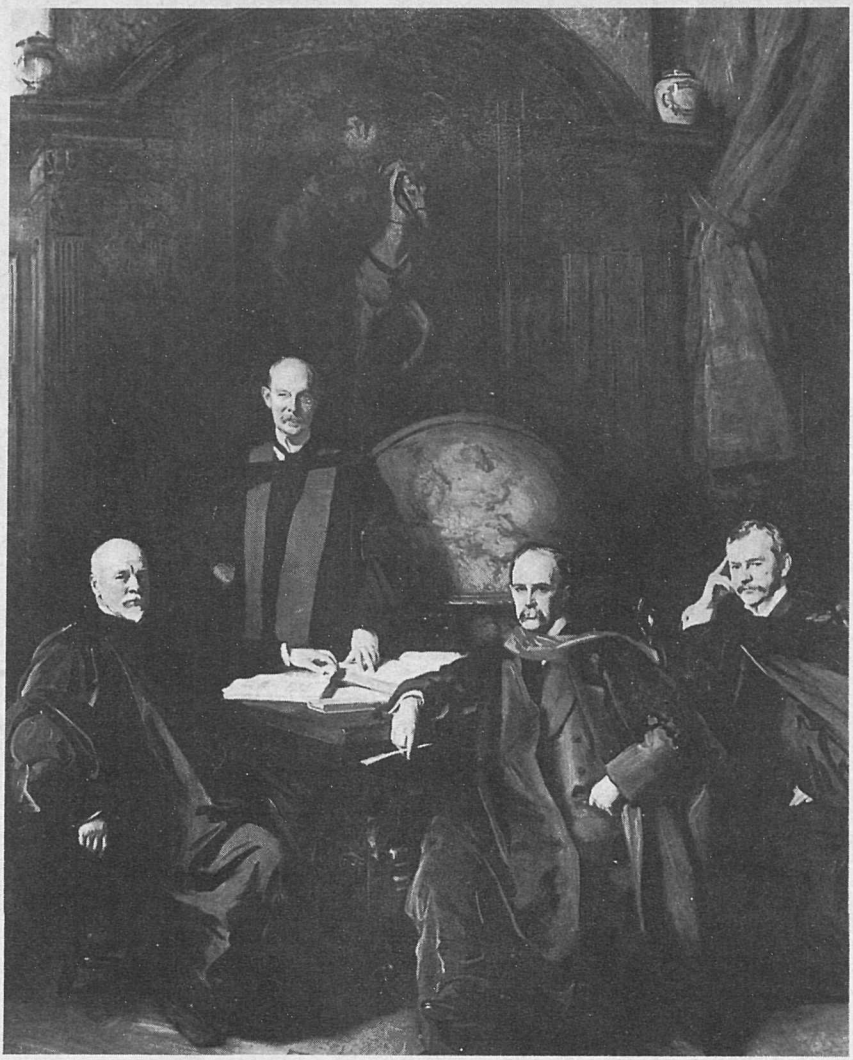
by Rex Lawrie

In June 1989 the Johns Hopkins Hospital, Baltimore, celebrated its centennial. In fact all Baltimore celebrated it, with banners and logos on the lamp posts and everywhere else, and with a huge firework display over the harbour. Even the clerks at the Hyatt Hotel reception desk were wearing operating theatre clothes, with caps and masks and stethoscopes. Thousands of alumni came from all over the States for the celebrations, motivated by the same strong ties of pride, loyalty and affection that we know at Guy's, and the same heritage of excellence. In 100 years, or perhaps in only 50 years, the Hopkins has become one of the most famous institutions of its kind in the world.

It was founded, like Guy's, by the single benefaction of a business man, who bequeathed half of his fortune of $7 million to found a university and half to found a hospital and medical school, with three equal objectives: care of patients, teaching and research.

As only the interest on the capital sum was being used, and the railway shares in which it was invested were doing badly there was soon insufficient money to open the hospital. After a delay of some 13 years, during which planning for the school continued, a women's committee led by four wealthy Baltimore women who were interested in getting the hospital open, and getting medical education extended to women, saved the situation by giving $450,000 to the trustees on condition that all students should have a degree and a knowledge of French and German. At that time it was usual for doctors from the USA to study in those countries.

The policy of the trustees was that staff should all be full-time and salaried. The first four professors (*The Big Four*) were Welch, Osler, Halsted and Kelly — some of the most famous names in medicine. A portrait of the *Big Four*, painted in London by John Singer Sargent now hangs in the Welch Library at the Hopkins (see photo). It was commissioned by Miss Elizabeth Garrett, leader of the women's committee, and herself a daughter of one of the original trustees. It is intended to hang a copy of this painting in Guy's — perhaps in the library.



The Big Four at Johns Hopkins (*Photo:* **Zuhair Kareem, Chief Photographer, Johns Hopkins Biomedical Photography Department, kindly reproduced in black and white by Guy's Audio Visual Services**)

In 1909, the Carnegie Foundation commissioned the Flexner Report on medical education in the USA which was then considered unsatisfactory. Only five schools in the USA were found 'worthwhile' and of these the Hopkins was by far the best. This was because of the incorporation of many good new ideas at Hopkins,

such as connection with the university, close links between hospital and medical school, full-time staff, heavy involvement of the students in patient care and the residency (registrar) system of postgraduate training. Thus established, the Hopkins system became the pattern of medical education and provided professors and other staff for medical schools all over the States.

There have been many very important and very delightful links between Guy's and the Hopkins over the years. Lord Butterfield and the late Sir Alan Parks, PRCS, qualified there and many Guy's people have worked there as residents or fellows, including Dr Philip Evans, Dr Knight, Dr Scott, Professor Clark . . .. At Consultant level there has been an annual exchange of two staff members for the past 42 years. For those of us fortunate enough to have had the opportunity to go, it has been a most stimulating and interesting experience. It has led to lasting friendships with our American colleagues and is strongly recommended. Visits last about a month and include clinical work and teaching, research and social contacts. This scheme, originally financed on the Guy's side by the Clothworkers' Company, was celebrated after 40 years by a return of many of the American visitors and their wives to London. There were scientific papers, a cocktail party and a banquet at the Fishmongers' Hall.

The Hopkins centennial celebrations were conceived on a grand scale and immaculately carried out by Dr McGehee Harvey (who has twice visited Guy's on the Exchange scheme), assisted by Dr Victor McKusick. The opening ceremony included a procession of 100 robed distinguised representatives of various universities and faculties and a platform party which included the Secretary of Health and Human Resources (representing the President), the Governor of Maryland, the Mayor of Baltimore and many other officials, all seated in front of a huge model of the front of the Hopkins. A special commemorative postage stamp was issued — a rare honour for such an institution in the USA.

In the ensuing four days there was a full programme of scientific papers and symposia, a concert by the Baltimore Symphony Orchestra (Elgar and Mozart), a reception at an art gallery and finally a banquet for 3,400 participants with dancing.

Lord Butterfield represented Cambridge University, Sir David Wetherall represented Oxford, Hugh Saxton represented Guy's Hospital and Professor Tim Clark the medical school. Professor Clark made the presentation of a silver statuette of Thomas Guy to his opposite number — Dr Dick Ross, Dean of the Hopkins medical

school. Later, in the symposium on *the future of medicine* he gave an excellent and very well-received paper on *Guy's Hospital; Past, Present and Future.*

We were all made tremendously welcome. We enjoyed renewing old friendships and making new ones and felt privileged to take part in this special occasion. On its hundredth birthday, the Johns Hopkins Hospital can look back with pride on its great achievements, and is looking forward with optimism and determination to still greater achievements in the next hundred years.

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Dr J Liddell — an appreciation

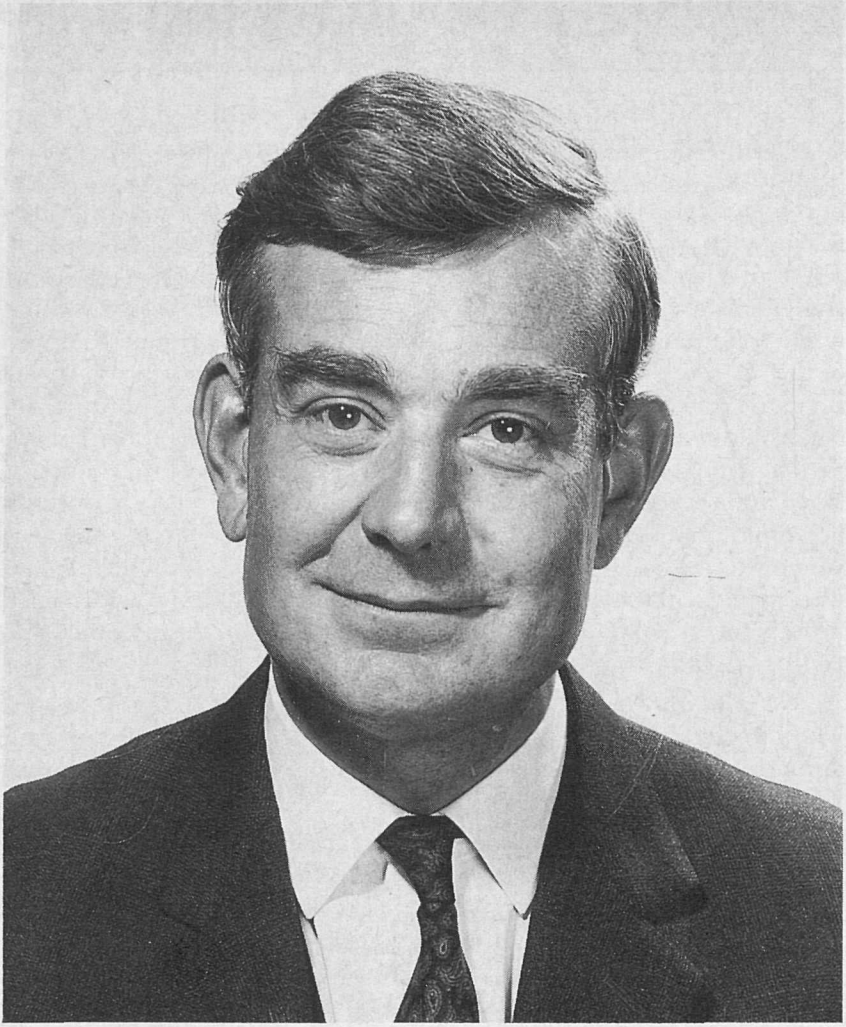
It is nearly 40 years since Jim Liddell came to Guy's as an undergraduate from Cambridge. His fellow students were mostly from Cambridge and all had started the course straight from school as the post-war intake was over 90% ex-servicemen. They felt fortunate in having George Houston as clinical tutor and, in the amiable atmosphere of his classes, the firm soon became a closely knit group of students whose happy relationship continued on to the House which was a voluntary exercise at the time. Jim was an original member of the '52 Club — a dining club based on the firm which still meets regularly. He is distinguished as being the only member to obtain a consultant appointment at Guy's. His student days left their mark in that Jim has an appendicectomy scar; it was said that a much loved and respected surgeon looking after him bet a bottle of gin that he would complete the operation in ten minutes. He won the bet, which was not unethical as it was the norm for him. National Service was spent in the army, mostly in Germany, when he developed a keen interest in pathology. After demobilization he resumed his civilian career in that specialty.

While working at Mile End hospital he met Tony Worsam, who introduced him to Walter Merivale, who subsequently exerted a major influence on Jim's career. Their friendship continued until Walter's tragic death.

Jim was appointed registrar in pathology at Guy's in 1957 where he met Herman Lehmann, who was then working in pathology at St Bartholomew's Hospital. He was to be the other major influence in Jim's career, interesting him in pseudocholinesterase. Jim was soon visiting Bart's on a weekly basis and pseudocholinesterase became the subject for his MD thesis, which he presented in 1961, and for which he was awarded the Lionel Whitby Prize.

Jim left Guy's to become senior registrar at the Radcliffe Infirmary in 1960. From there in 1964 he obtained a consultant post in chemical pathology in Sheffield. Professionally he was happy but never really settled in the North and consequently applied for the consultant chemical pathologist post at Guy's when it became vacant in 1965.

On his return to Guy's, his major concern was the development of a new department in the Tower, which was made difficult because it had already been planned. During the time of his career, clinical pathology has progressed from such simple things as testing urine



Dr Jim Liddell

for chlorides, a regular duty of the ward clerk when he was a student, to the modern semi-automatic and now computerized equipment of today. Communications during this time have changed from the 5 o'clock rush to sign the forms for manual distribution, through the uncertain time of the Lampson tubes (a record was a specimen arriving two year's late!), to the fully computerized link with the wards which provides a routine report time of just two hours.

Jim has travelled far afield to give his experience to others and also to keep his department up-to-date. Obtaining funds has been a battle in which there has been no pleasure in winning, merely regrets at the necessity. He has also given his time outside the hospital, being a member of several committees and has won respect for his chairmanship of the regional chemical pathology sub-committee. He maintains an interest and expertise in cholinesterase, and still finds time to write on this subject.

His staff believe his department to be one of the happiest at Guy's. Many of us have been here for almost as long as he, which is a great source of satisfaction to him. He has maintained a genuine and continuous interest in those who have left after qualifying, many of whom still keep in close touch.

Jim retires to his beautiful home in Sussex, a haven for his family and friends. He created the garden which will continue to demand his time and energy. Doubtless his addiction to *The Times* crossword will continue but no longer will there be the challenge of completing it before reaching Croydon, or London Bridge on a bad day! He also has his love of opera; I doubt he realized when returning to the college and listening to the strains of *Brünnhilde* coming from Charles Baker's sitting room, that he would become completely familiar with *The Ring* and travel the opera houses of the world to listen to it. He also has a love of bridge which he developed in the Spit, and which he enjoys regularly. Also he will have a new grandchild to keep him on his toes and, above all, there is his wife, Gill, who has supported him over the years. We wish them both a long and happy retirement.

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Ellis Dee

Well, well, did I miss an issue? It must be all this dirty, grubby dust milling around everywhere. It is so easy for someone to get confused in a place like this. I was strolling along beside the ring-pull covered Park when I (subtly) overheard a famous Guy's man proudly proclaim that there were at least 28 — or was it 29 — major building projects going on at the Guy's site. What a man! I suppose that all this renovation, reconstruction, and Phase-III'ing to-and-fro will be worth it when we are the happy inhabitants of MEGAHOSP-1, or should I just say the Flagship 'Enterprise'.

And what did I find peeking cheekily round from Smith's? Why yes, a nice little fat globule, all yellow and shiny and wobbly. Or is it just a stray chylomicron? And all those people in white coats, along with the ones in nice jackets with BMW keys (consultants, darling) rushing in, and then rushing out stuffing their faces with all that lovely food.

What can I say? Whoever thought of putting a cakeshop in the middle of a hospital just has to win my prize for 'Health-Promoter of the Decade'. Still, it does make money, and I suppose that is important these days. Perhaps that's why this little *bijou* in our midst backs onto the Dieticians' department, and perhaps that's why a little voice told me that cardiology is taking over the flower shop and replacing it with a take-away angioplasty service.

Have you seen the boulevard-café culture which has mushroomed up beside it? Perhaps its something to do with 200 years of glorious French revolution and all that, or perhaps they think that people in hospitals can sit around all day. I myself am going to be just a little bit more careful when I sit there. I've heard all about Mad Max's cameras in the Coney Bear consultants mess. You never know where they'll turn up next. Remember they're watching you.

Now just a little advice to all you holidaying types. Remember your suntan cream, and if you haven't got any make sure you get a nice lean brown body to keep the sun off you.

Love and kisses to you all, especially our very own Blue Baron.

Physiotherapy Notes

Celebration and Examination

The month of June brings two stimulating events for third year physiotherapy students; the first their ball and the second, at the very end of the month, their final practical examinations. Both events require preparation, conformity of behaviour and attention to dress, and both lead to increased release of catecholamines, due to activity in the former and anxiety in the latter.

The Guy's Hospital physiotherapy charity ball was held on Saturday 10 June. It was a proud and happy occasion. Proud because over £8200 had been raised for the cerebral palsy childrens' charity, and the cheque was presented to the charity administrators during the evening. When it is realised that this amout was raised by, at most, 90 students — and we all know how easily apathy afflicts the majority in circumstances such as these — a donation of this size is something to justify pride. That it was a happy occasion was made overtly evident by the noise, the faces, and the activity. Part of this pleasure was due to the fact that Ron Cooper, the recently retired Principal and held in much affection and respect, troubled to come, Lochinvar-like, out of the west for this occasion. Activity there was aplenty, even alternating participation with contemplation of the dancing led to the thought that physiotherapy students may be selected, or self-selected, for their energy!

You need not, dear reader, be alarmed that this report will be cluttered with incomprehensible 'in jokes' concerning unseemly or indecorous activities, such as the flashing of the T 4 dermatome, by participants identifiable only to those who were there. At least until midnight, when your reporter left Cinderella-like to catch the 00.33 carriage home before British Rail turned it into a pumpkin, the evening was marked by amiability, good humour and youthful enthusiasm.

Unsurprisingly, the same gaiety did not permeate the final practical exams. These mark the end of an era, for they are the last full examinations to be conducted at Guy's by the Chartered Society of Physiotherapy, all subsequent examinations being conducted under the auspices of Guy's own physiotherapy course. (It seems ironic that the not-inconsiderable achievement of running our own course becomes fully operational just as we embark on our last three years, just as one door opens another is slammed in our faces!) For

these examinations, held in the heat of this flaming June, perceptions differed, as they are prone to do on such occasions. The same set of exchanges, according to the examiners, were a search for the islands of understanding in the oceans of ignorance, or obsessive probing of obscure points according to some of the candidates. Technically these examinations went off well, although very nearly sideswiped by British Rail's midweek strike action which occurred on the day before. The degree of pride and happiness that will be engendered by these and the earlier written examinations can not be known before this piece goes to press; we await the mid-July results with our usual mixture of hope, optimism and apprehension.

Consternation

Those in receipt of pay slips will probably have had a colourful glossy folded leaflet from the Department of Health (HSR 2) about self-governing hospitals. Plainly, this is a piece of propaganda for the White Paper. It seems a pity the leaflet produced by the Chartered Society of Physiotherapy can not be distributed in the same way. This points to the breaking up of the Health Service and illustrates the idea with a colourful cartoon of a hospital facade cracking up, a familiar facade — a very familiar facade, and how very appropriate!

John Low

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Nursing Notes

Al Fresco

Well, we cannot complain about the weather this year, can we? Oh, I suppose we can — perhaps it has been too hot. We've been fortunate that the rail strikes have occurred during the pleasant summer season — our nurses are to be congratulated for walking, cycling, driving or sailing to work under the awkward travelling conditions. The NUR might have been better advised to hold their strikes during inclement weather conditions — then we might all have grumbled more. In between these struggles, nurses have been seen enjoying the sun in the park, providing some pretty sights, which we might have missed if it had been raining.

The weather has certainly been of benefit to the *Piece of Cake*, which opened in the corner of the park amid rapturous applause by nurses and others at the presence of a young fair-haired man who plays gramophone records on the wireless. Funny, the things one can achieve acclaim for nowadays. He was almost confronted with the picture of a young nurse tucking into a cream cake, but for the last minute protest of a professor who demanded that these disgusting posters were removed. Thank goodness for his common sense: why should attractive female nurses be deployed in this manner by the advertising media? Moreover, the image of nurses eating unhealthy cream buns is hardly the best one for a profession which, as I wrote in the last *Gazette*, should more properly be associated with health education than the promotion of obesity, dental caries and sluggish digestive systems.

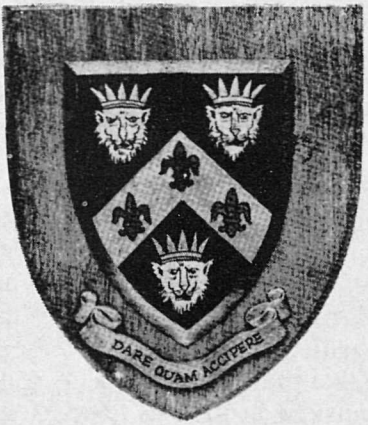
I noticed some of our medical leaders, of the 'opting out' school, skulking on the sidelines at the grand opening of this shop; they were presumably muttering, albeit a couple of centuries late, 'let them eat cake'. I suppose a venture for money-making — like burning atmospherically polluting rubbish — is another example of resource management, even if this case only mixes confectionery? Anyway, I'm sure that the medical students will patronise this establishment, which must be at least as good as their Spit.

Talking of medical students — and it must be their fault — I noted another professor collecting dirty dishes from the park and taking them to the Medical School. At least the professor shows he is in tune with the 'green' tide sweeping the country, and knows that the nurses' home is an unlikely return address for objects spoiling the environment.

Nurses have long been associated with improvements in cleanliness and hygiene. This hospital must be near the top of the league for general untidiness and filth. Not only has the cleaning service let us down, but with the added litter that the new bun shop will generate, and the chaos connected with the building work at every turn, it would take a supreme optimist to see any chance of improvement in the near future. Unfortunately nurses are less involved with these environmental matters than they once were.

Denis Cobell

Guy's Hospital Gazette



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Book Reviews

Chest Medicine — Colour Aids. T W Evans and M Crockford. Soft cover. pp138. Churchill Livingstone. £6.50.

Colour Aids in Chest Medicine is aimed at senior medical students and junior hospital doctors. The text is brief and necessarily didactic, and consequently there is a number of points to dispute. However, the main feature of the book is the illustrations, which take up half the hundred and thirty-eight pages. These are principally a mixture of x-rays, clinical pictures and histology.

Many of the illustrations are useful but some are too poor in quality to be helpful. Some of the histology has a washed-out appearance which makes it difficult to pick out anything worthwhile in the pictures of tuberculosis and sarcoid. Some of the x-rays are also less than ideal, quite apart from those reproduced back to front. It would be more satisfactory if the publishers had served their authors better in picture reproduction and in checking for misprints.

Nevertheless, this is the sort of book which can be read in a few hours and this would be a worthwhile exercise. You can pick out the odd statements on polyarteritis and asbestosis while you check through your knowledge of basic chest medicine.

P J Rees MD, FRCP

An Introduction to General Pathology by W G Spector. 3rd Edition, revised by T D Spector. Soft cover. £8.95. Churchill Livingstone.

This edition is still authored nominally by the late W G Spector, the well known St Bartholomew's experimental pathologist, although it has been revised and brought up to date by his son, also at Barts.

It is a useful small book (340pp), which covers much of the general, histopathological and immunological content of the sixth term introductory pathology course at Guy's, also of the third BDS general pathology course. Its treatment of microbiology is however very brief, and certainly needs supplementing with other texts.

It is written in very short concise chapters, which often contain a large amount of up-to-date information. In some instances this is more than required for introductory students' purposes. However it makes the book helpful to the older generations as an update on general pathology. Oncology is a case in point, especially as it is given extensive coverage with nine out a total of forty five chapters. On the other hand, however some worthy topics receive scant attention. For instance, there is negligible discussion of hypertension, and no description of Addison's disease. Despite the latter omission, a reference is made with a tone of familiarity: '. . . in Addison's, (*sic*) antiadrenal antibodies . . .'!

The preface points out that line diagrams have been introduced in the place of photographs as an aid to clarity. Some need improving before total success can be claimed. A diagram of the antigen receptor of a T lymphocyte is most impressionistic and inaccurate, with the receptor molecule looking like a hairy excrescence waving in the breeze! Another diagram of platelet activation in the coagulation pathway is incorrectly labelled as fibrinolysis. More significantly, a diagram of a breast

carcinoma is downright misleading, as it suggests that the tumour grows in continuity along the lymphatics to the regional lymph nodes, whereas in reality metastasis normally occurs. Apart from the odd misprint, the rest of the diagrams are quite helpful.

Despite these criticisms, the book succeeds in its aim of giving a broad overview of general pathology, and indeed makes good sense of the subject by placing it in a wider biological and evolutionary context. This compact book is easy to read and well worth the effort. It is interesting, but it should not be used as the only textbook on general pathology courses.

Dr Robin Poston

Fundamental Anatomy for Operative General Surgery S J Snooks and R F M Wood. Soft cover. £11.95. Springer.

This is a short book aimed at a surgeon-in-training coming up towards Final Fellowship in Surgery, and has been produced as a guide to the surgical anatomy of common operations. I found the whole concept of this a very attractive one because in any operation there are anatomical wrinkles which are very important landmarks to the surgeon, but unfortunately not really stressed either in textbooks on anatomy or textbooks in surgery.

I found this book to be very clearly illustrated and in most parts useful, but it did fall short because of lack of detail. For instance, in the section on thyroidectomy I was disappointed to find no mention whatsoever of the parathyroid glands and the description of the recurrent laryngeal nerve was really rather too brief. Similarly, in the section on clearance of the axilla in breast cancer, the nerve to latissimus dorsi seems to have been ignored.

This, however, is an attractively produced book and with the reservation that some of the sections are rather too brief, nevertheless it is a useful guide for the surgeon-in-training.

W J Owen MS FRCS
Consultant Surgeon/
Senior Lecturer in Surgery

Penguin Series of Revision Notes: 1 Principles of Nursing. 2 Surgical Nursing. 3 Ophthalmic Nursing. 4 Ear, Nose and Throat Nursing. 1988. Soft cover. £3.99. Penguin.

These new revised editions are timely and welcome. They have been brought up-to-date to include recent trends in nurse education. A greater emphasis is placed on health education and on encouraging patients to be both better informed and more independent. As quick revision notes for examinations, and also for the day-to-day delivery of nursing care, they are most useful. The various sections throughout these four volumes include self-testing questions and answers.

Principles of Nursing concentrates on both medical and surgical nursing care. The principles of the nursing process are clearly elucidated together with their application in formulating individual care plans.

Surgical Nursing covers the pre- and post-operative care of most of the common operations. Anatomical and physiological data support the nursing care described and each section is clearly headed. References are included for further reading and the book is well indexed.

Ophthalmic Nursing and Ear, Nose and Throat Nursing cover all aspects of nursing in these specialist areas. All of the recent and quite rapid changes in technology and microsurgery are included. They make excellent revision notes for examinations and

will be particularly useful for student nurses who are allocated to these specialist units. For those nurses considering further training in ophthalmic and ENT nursing, these two volumes offer a valuable introduction.

I can recommend these four revised editions for nurses' bookshelves. They are very modestly priced and would seem a worthwhile investment.

Patricia Callaghan
Tutor, School of Nursing

Dorland's Pocket Medical Dictionary. Soft cover. £12.50. Harcourt Brace Jovanovich.

Just how big is a pocket? Dorland's definition clearly exceeds mine by a few yards of cloth, and even its editor choses to refer to it as a *compact* dictionary in the preface. The initial sections contain a useful list of Latin and Greek words and parts of words commonly found combined in medical terms, while there are less useful lists of arteries, veins and other anatomical structures scattered through the rest of the book. These features would be better left to an anatomy text, or an encyclopaedia, rather than a dictionary.

The book performs its primary role well, however, and most words that I looked up were present and their definitions made sense, although they were not all in English as this is an American publication. A compromise that this dictionary makes in order to be brief is to rely on the user having a fair grounding in medical terminology, but anyone with that much prior knowledge would find the colour diagrams in the centre of the book totally useless, so I am left wondering who the publishers intend it for. Another interesting quirk is the inclusion of some drug trade names, although not enough to make the book useful in looking up branded drugs. It is a well made book with stitched binding and a thumb nail index. In short, a book that tries hard, but could do better.

MJS

Guy's Hospital — 250 years

Have you ever wanted to know more about the history of Guy's? What was student life like in the nineteenth century medical school? What happened in the Residents' Plays of the forties and fifties? How about nursing, midwifery, the Wills Library? Or the early days of X-rays?

This 240 page, illustrated paperback gives a history of the achievements in every field of Guy's life for the past 250 years, and is available for only £2.95, including postage and packing, from the Gazette office. The book makes an ideal gift, and only a limited number is available.

Please send cheques or postal orders, made payable to Guy's Gazette, to Guy's Hospital — 250 Years, Guy's Gazette, Boland House, London SE1 9RT.

Sport

United Hospitals Cup Athletics 1989

Motspur Park, 24 May

Guy's Men: 4th
Guy's Women: 3rd equal (with St Thomas's).
Overall position: 3rd

This year's competition proved to be of a much higher standard than usual, with some very strong teams from the London Hospital and St George's. The London won both the women's competition and the overall title. There was a slight misunderstanding initially between the Guy's and St Thomas's captains as to whether there was to be a UMDS team, but after being slanderously accused of destroying the Thomas's entry form, it was decided that we would go our own separate ways. (The lack of communication was blamed on a faulty answerphone at St Thomas's!).

The men's team put up a very solid performance, with several potential stars emerging. Simon Bunting and Bill Schaeffer (rather rashly) volunteered to do almost anything. Simon proved that little legs go a long way on the flat (4th 100 m heats, 8th 800 m) and also vertically upwards with a lofty jump of 1.60 m in the high jump for 5th place. Bill was 5th in 100 m heats, and chucked the spear over 30 m for 6th place in the javelin. Andy Williams (while on loan from the boat club), put up a dazzling performance in the 3000 m coming in 1st by a clear 150 m (the last 200 m being covered at a pace faster than some of the sprinters!). Jim Cowie also ran well for 5th place in the same event.

Phil Gowers, Greg Gazaroski, and Ian Huysein battled their way through the throwing events against some powerful opposition. Their task wasn't made any easier by having to compete in 2 events at the same time, which were half a mile apart.

The old faithfuls Justin Sims, Ron Simon, and Dom Yu produced their usual collection of high-standard results. Ron Simon was 5th in the 400 m, while Justin won both the 200 m and 400 m events at a very nifty pace. He also sprang to fame in the triple jump. Dom Yu was 6th in the 200 m, 5th LJ, 3rd HJ and 1st TJ. The relay team (Schaeffer, Bunting, Yu, Simms) came a creditable 3rd with Justin providing a very exciting last leg (this drew the attention away from the quality of the baton changes).

The women's team seems to get smaller every year, but the standard gets better! Kate Laughton, Liz Nichols, Jane Colebourne, and Caroline Gillick were ferociously bullied into doing many events by Elli (who did absolutely nothing all evening but shout), most of which they'd never attempted before. Caroline (7th 1500 m, 5th discus) gave us a great display of her chest, as well as of her running, due entirely to the design of the new (large) streamlined vests. The spectacle was thoroughly enjoyed by everyone! Liz and Jane (4th 100 m, 5th shot, 2nd javelin, 3rd discus, and 3rd 100 m, 2nd 400 m, 5th 200 m, 7th 800 m, 8th LJ respectively) kept up a constant stream of supportive aid at the finishing line (a pint and a fag) which sustained them throughout the evening. Kate kept up a constant stream of chatter in between achieving 2nd 400 m, 4th 200 m, 3rd 800 m, 6th LJ (must be the effects of drinking too much Cinzano). The relay team

stormed home in 3rd place, and shortly after took up residence in the bar. Emily was 4th in the B string shot competition.

Many thanks to everyone who competed. The next competition is the ULU Winter Championships at Motspur Park in October. If you are interested, please contact Justin Sims.

Elli Elson (Captain)

Cricket Club

Guy's I vs Charing Cross (H)

We were put into bat and started off well with Jon Hare scoring a fine 53, including one massive six, and Alan Mislin scoring a fast 32. However the rot set in and we were soon 137 all out off 34 overs.

Charing Cross, however, had a far from sturdy batting line-up and they were skittled out for 77 runs (all out) off 20 overs.

Sanjay Gautama:	3 for 20 off 7
Henry Taylor:	3 for 15 off 6
Stuart Miller:	2 for 14 off 3
Neil Davies:	1 for 2 off 1

Match won by 60 runs.

Guy's I vs Brixton West Indians (H)

We were expecting a fierce West Indian side, however we found ourselves playing a mainly Indian side with one token West Indian. It was this one West Indian who was the linchpin. He hit a four off the first ball, and carried on in the same way. However Henry superbly caught and bowled him before he had done too much damage. With another tight bowling performance, we bowled them out for 80 runs off 21.3 overs.

Saf Ghauri:	2 for 32 off 7
Henry Taylor:	2 for 14 off 6
Steve Lewis:	2 for 9 off 4.3
Guy Selmon:	1 for 14 of 4

We scored the runs for the loss of only one wicket (Saf was bowled twice, but fortunately the bowler no-balled on both occasions). Jon Hare scored a powerful 40 and Saf 27 not out.

Having finished so quickly we decided to play a 15 overs slog. The Brixton West Indians batted first — they didn't actually reverse their order, as we had agreed. Henry stuck to his deal and didn't get Saf, Steve, Guy or himself to bowl. They scored a massive 148 off 15 overs, the West Indian scoring 86. We had a good go at this target Steve, Guy, Ben Stanhope and Alex Paddon smacking the ball all over the place. We ended up 9 short of the target. We reckon some of Ben's batting prowess came from him using the bat the wrong way round half of the time.

Match won by 8 wickets.

Guy's I vs Old Lambethans (H)

We were put into bat and collapsed straight away. John Stafford, whom we had grabbed out of the library, being our highest scorer with 20. We ended up 86 all out off 36 overs.

The opposition were rather optimistic, but they were soon struggling due to some tight and accurate bowling. Henry was in amazing form bowling with lots of pace and movement. They lost their 9th wicket when the scores were level, Jon Hare taking a brilliant catch at cover-point. Unfortunately they did win, but only just, being 90 for 9 off 40 overs. Henry Taylor had 9 for 27 off 20.

Match lost by 1 wicket.

Guy's I vs Barts (H)

Despite the train/tube strikes, we had about 18 men ready to play at HOP — largely due to the fact that the fifth years had just finished their finals. We batted first, Alex Paddon scoring 36, Alan Mislin scoring 35 and Neil Davies 22. We ended up 139 all out off 29 overs.

Barts were then demolished, scoring only 73 (all out) off 28.2 overs.

Iqbal Malik: 6 for 24 off 14.2
Sanjay Gautama: 4 for 11 off 6

Match won by 66 runs.

Guy's vs Rowan CC

Due to exam commitments we were only able to get a scratch side out and were resoundingly thrashed, even though we were given two innings for their one. I would like to thank Dave Quick, Alan Whelan, Andy Mead and Pat for joining in. Dave took 5 wickets. I would also like to apologise to Rowan for the game.

Past vs Present (H)

Needless to say the Past team batted first, as per tradition, and won as per tradition. A number of our batsmen were given out LBW decisions. There was a funny feeling that house-jobs may have been sorted out during the match. Still there's always next year, and John Rees' team had better watch out, though I would be much obliged if he would leave Dr Davoodbhoy behind next time — he's a canny spinner, taking 7 wickets.

Guy's vs UCH/Middlesex (A)

UH cup quarter finals, 60 overs.

If there ever was a nail-biter of a game, this was it. We fielded first and once again the bowlers did a good job bowling them out for 131 runs off 50.1 overs.

Saf Ghauri: 1 for 25 off 7
Henry Taylor: 2 for 17 off 10.1
Steve Lewis: 1 for 27 off 9
Iqbal Malik: 5 for 36 off 15
Simon Crowther: 1 for 20 off 9

Our fielding, however, was disastrous. Six catches went down, five of which were actually in the hands. However the boys knuckled down, Simon Crowther scoring 24, Al Mislin 18 and Tom Brink 17. We needed 6 runs off 10 overs with 2 wickets left, and ended up with 1 run required with 1 over and 1 wicket left. The tension during those overs was unbelievable. Unfortunately the batsmen, with the scores drawn, thought to win we needed a higher score, but we would have won for losing fewer wickets. Our last man was out in the last over trying to hit out. We lost the match with a lower run rate over 20 overs, by 4 runs. A nightmare!!

I would like to thank Dr Rees, Dr Scott and Eric for coming down to give us support.

This short season is almost over — we have the tour to Plymouth in August (5, 6, 7) to look forward to. My only major regret is that certain Guy's students preferred to play for their clubs rather than us when we had important matches.

Selected Averages

Qualification: Batting — scored over 50 runs. Bowling — bowled over 10 overs.

Batting	*Inn*	*Runs*	*NO*	*Ave*
Jon Hare	12	214	0	17.8
Henry Taylor	10	179	2	22.4
Aslam Sohaib	9	75	0	8.3
Samir Latifi	7	69	1	11.5
Edgar Jones	6	81	2	20.3
Saf Ghauri	5	97	1	24.3
Alan Mislin	4	86	0	21.5
Guy Selmon	2	77	0	38.5

Bowling	*Overs*	*Runs*	*Wk*	*Ave*	*SR*
Henry Taylor	103.1	182	27	6.7	22.9
Iqbal Malik	73.2	159	22	7.2	20.0
Sanjay Gautama	58	183	16	11.4	21.8
Saf Ghauri	53	143	9	15.9	35.3
Steve Lewis	25.5	85	5	17	30.6
Guy Selmon	21.3	59	6	9.8	21.3
Julian Thompson	15.3	32	9	3.6	10.2

Sanjay Gautama

Hospital Information

The following students qualified MB BS (London) in June 1989:

Ahmed, S U
Alderson, D J
Aristodemou, Miss A
Astbury, Miss A R
Bailey, D M
Beardmore, C E
Beasley, N J P
Bhansali, Miss S J
§ Black, A J M
Blair, R A
Brown, Miss A L
Brown, R N
Butler, G
Carapeti, E A
Chauhan, D S
Cheah, E K L
Chitnavis, B P
Chiverton, N
Clarke, Mrs S D
Cockayne, Miss S E
Crowther, S D
Duckworth, A J
Fewings, P E
Gardner, J E
Garrett, B G
Gaylard, Miss H F
Goode, A G
Greaves, Miss S J
* Hingorani, A D
Horner, S S
*‡ Hudson, Miss M M T
Iu Chin To, M
Huins, S J
Jepson, S R
Jones, J M
Kaprielian, R R
Keen, Miss J A
Koria, R
Laniado, M E
Li Saw Hee, F L
Lyons, Miss R A
MacDonald, Miss B K
Mather, Miss D C
Meader, Miss H L
Medhurst, Miss J
Mielnik, Miss G A
Mistlin, A
Morgan, M B F
Paddle, J J
Pambakian, S
Parry, M G
Patel, N R
‡ Porter, A C
Purssell, N R
Reddy, Miss K P
Rej, E
Rich, P M
Roberts, P J
Robinson, Mrs S L
Roughton, Miss S A
‡ Shah, P L
Shuman, Miss M
Siddiqi, N I
Slater, G J R
Slater, Mrs K R
† Soni, R
Stanley, Miss S E
Steadman, P W M
Stefan, M D
Takhar, G S
Tanna, V
Thomason, A J S
Thomson, N S
Tigg, Miss A
Ting, P Y C
Trendell Smith, N J
Tufail, A
Turner, G
Turpin, D F
Vowles, R H
Wadey, L P
Ward, Miss S
White, N A
Whitehouse, N J
Wilmshurst, Miss J M
Yamani, Q A S H
Yanni, O N
Yiu, P

The following students qualified MB BChir (Cambridge) in July 1989:

Agranoff, D D
Burn, P R
Chen, R E W
Middleton, R G
Mills, Miss R
Patel, J K
Schofield, Miss E C
* Skellett, Miss S C C
Verma, A
Whiter, Miss G L

NB * Distinguished in Pathology
† Distinguished in Medicine
‡ Distinguished in Clinical Pharmacology
§ Distinguished in Surgery

DEATH

JAMES, David Worsley, MBBS, MRCS, LRCP, MD FRCOG, of White Gates, London Road, Hitchin, Herts, on 21 June 1989, peacefully after a long illness.

CHANGE OF ADDRESS

JACOBS, Barbara T, now at 162 Willifield Way, Hampstead Garden Suburb, NW11 6YD

NEWTON, Dr Joan M, now at 231 Lauderdale Tower, Barbican, London EC2Y 8BY. Tel 01-628 6781

CHAPMAN, D J, now at 3 Springfield Road, Eastbourne, E Sussex BN22 8DY

FREW, K M now at The Knapp, Hook Road, Rotherwick, Basingstoke, Hants RG27 9BY

BIRTHS

HENDERSON, To Jane (*née* Tomblin) and Richard, on 6 June a daughter, Eleanor Mary Jane.

PERSONAL

RUTH E FROST offers professional medical secretarial services, working from home. £7 p.h. Can collect and deliver if necessary. Non medical typing also undertaken. Tel 01–647 9111.

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GUY'S HOSPITAL GAZETTE

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The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

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Passim

It is time once again to welcome a new intake of students to Guy's. The medical students among them are a special group—the first intake of medical students to have been admitted not to either Guy's or St Thomas's campuses, but to the combined UMDS. They will be lectured on each site equally and will become members of combined UMDS clubs and societies.

One thing new students will *not* be doing is working on a combined UMDS *Gazette* — the *Gazette* has not yet been threatened with merger mania and one hopes that, as one of the oldest hospital journals in the world, it never will be.

Freshers may not realize that the *Gazette* is produced entirely by students, and is always keen to recruit new blood. If any new students are interested in helping out with editing, writing, reporting, photography or illustrations could they please contact Mark Slade via the *Gazette* pigeon hole in Boland House. In particular we have an urgent need for a photographer and writer with strong livers to cover the events of Freshers' Week.

I would like to thank Aman Coonar for helping to put together this edition — I'm buzzing off to Greece.

Sickness at Guy's — anaesthetists still on top

An extraordinary document has been sent to the *Gazette*. Entitled 'Guy's Hospital, sickness rates by departments' (*sic*), it is in fact a league table showing the percentage sickness — whatever that might be — by department for the months of June and July, with a cumulative figure for April-December 1988 included for comparison. We asked *Gazette* sports correspondent Mick Sludge to investigate.

'The table shows the department of anaesthetics and the clinical superintendent's department in joint top position for the two months in question. The anaesthetists, however, have no less than 32.28 staff in post, compared with a mere 13.20 for the clinical superintendent, and so they must be considered as favourites for the Stemetil League at this late stage of the season.

'July saw a tremendous performance by the 9.89-person department of finance, which pulled up from its lowly 22nd place in the 23-slot table in June, to grab fifth place ahead of the much larger renal and radiology departments. This was in marked contrast to the personnel department which, in third place in June, was within

striking distance of the league trophy. Alas, with a sickness percentage rising from 0.23% in June to 4.17% in July, all hopes were dashed as they plummeted 18 places to the number 21 slot.

'''It's a game of two halves,'' said ashen-faced personnel supremo Chris Wilson. ''I thought we'd done enough to get a result. We were struck down in our prime.'' Wilson now faces the difficult task of keeping his 21.36-man team together for a final end-of-season push. But watch out for some personnel names on the transfer list over the summer break.

'Meanwhile, there is controversy brewing at the top of the league. The clinical superintendant's department, led by their enterprising striker ''Blue'' Max Rendall, is proposing to opt out of the Stemetil League. He wants to set up a breakaway super-league of the top departments, not only from this hospital but across the country. With the completion of the Channel fixed link slated for 1992, does Rendall see a future for his boys in Europe?

'''I wouldn't worry about that,'' quipped a tight-lipped Rendall, ''there'll be a lot of water flows under the bridge before the Channel Tunnel gets off the ground.''

New Sports Editor for *Gazette*

We are continuing the recent tradition of having the Captain of the Boat Club as sports editor of the *Gazette*, as Andy Williams has just taken over both posts from the outgoing Dave Quick. We wish Andy well in both jobs. If he can start the new rowing season as effectively as he has coerced sports reports from club captains for this issue, then the Boat Club can certainly look forward to a successful year. We hope that readers will find Gazette sports coverage to be lively and entertaining under his editorship.

In this issue

This month we carry an appreciation of the career of Maurice Lessof, one of Guy's most distinguished figures, who is retiring as the Professor of Medicine. For Freshers we carry no helpful information whatever about the other campus up the river, but in an attempt to keep our coverage useful and relevant we sent Huw Morris, Dave Werring and Ron Simon to survey the pubs around Guy's. Clubs Union president Zaheer Yousef details the arrangements for Freshers' Week, and the sport section provides lots of handy information about Guy's clubs and societies.

For those *Gazette* readers who are bemused by the present building upheaval at Guy's, Aman Coonar has tried to get to the

bottom of Phase III and all that goes with it. In the process he has managed to find an attractive engraving of a building that looks nothing like Hunt's House, but is.

Correspondence

Pity the House Officer . . .

Dear Sir

Such was the length of last weekend's merciless on-call duty (80 hours), that the batteries of my bleep went flat and needed recharging. Lamentably, the same facility was not extended to me. I imagine that the bleep costs more to replace.

Yours faithfully

A D FARMERY
Boland House

. . . and the medical artist

Dear Sir

How could Professor Roger Warwick and Martin Sadler dissect *Gray's Anatomy* without discovering a vital part of the work — the illustrations and the medical artists who produced them.

Yours faithfully

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News in Brief

United Hospitals Medical Group

For over 20 years the London Medical Group was the only forum for university-wide debate in London. Its brief was the discussion of issues in medicine which related to other subjects, and its focus was on medical ethics. Despite considerable success it had to cease its activities due to financial pressures. New groups have now been established, however, in a few of the London medical schools, most notably UMDS, Charing Cross and Westminster, and University College/Middlesex.

The group started at UMDS is by far the most developed. The inaugural meeting will be a symposium on the medical ethics of neonatal resuscitation, and will focus on a particular case study. It will include four speakers, each presenting their argument for 15 minutes, followed by about 30 minutes of discussion. The meeting will start at 6 pm and finish no later than 7.30 pm, and will be preceded by a sherry reception. It will take place on Tuesday November 14th at St Thomas's Hospital in the Nevin Lecture Theatre near the Queen Victoria Statue. The meeting will be chaired by Professor Lord McColl.

The main programme will begin in the new year, and a day conference is planned for later in 1990.

ASC

Guy's man becomes king

We are pleased to announce that Marcus Feyi-Waboso has been crowned King of Azumini in the Imo State of Nigeria. His Royal Highness qualified at Guy's in both medicine and dentistry, finally graduating in 1957. He obtained the MRCOG in 1963, and was made a Fellow in 1977. His official title is now His Royal Highness, Eze Dr Marcus Feyi-Waboso, and he is currently working as chief consultant obstetrician and gynaecologist in the Women's Hospital, Aba, Nigeria.

ASC

Guy's man becomes minister of state

Anthony Trafford, who was made Baron Trafford of Falmer in 1987, has been appointed minister of state in the health department, Dr Trafford qualified from Guy's in 1957 after a distinguished

student career in which he was awarded the Treasurer's Medal and prize in clinical medicine, and achieved distinction in his final exams in applied pharmacology and therapeutics. He obtained the MRCP in 1961.

More recently he has been working as consultant in charge of the renal unit at the Royal Sussex County Hospital, Brighton. He will relinquish this post with his move to a political career. Lord Trafford said that his new job 'was completely out of the Blue'.

ASC

Nurse honoured

Dame Audrey Emerton, Regional Director of Nursing for the South East Thames Health Region, which includes Guy's, received an honorary degree of Doctor of Civil Law at Kent University in July earlier this year.

ASC

BMA advertising campaign

The BMA's most recent advertising campaign against the proposed government changes to the NHS was launched in August. Its distinctive billboard spread involves a large steamroller, and the slogan 'Mrs Thatcher's plans for the NHS'. The campaign is proving to be a success in maintaining and increasing public awareness of the current problem facing the health service.

ASC

London waiting lists increase

London Health Emergency, the health watchdog, observes that London waiting lists have risen by 40% in seven years, and by 9% in the last twelve months. The total number waiting has risen from 101,000 in march 1982 to 142,000 in 1989.

According to LHE figures Lewisham and North Southwark has not fared well. Since 1982 we have seen a 46% increase in the number of patients on our waiting list, including a 5% rise in the last year.

ASC

Massive funding change

Under the government's proposals for the NHS, inner city hospitals could face huge financial pressures, and possibly even bankruptcy. The plans for the more 'competitive' health market outlined in the White Paper *Working for Patients* require more than fifty health districts to lose money in the form of budget cuts.

Payment to districts will depend on the size and demographic profile of their resident populations, and not on the range of services they provide. Hence inner city districts which usually have big hospitals replete with facilities (e.g. teaching hospitals), but surrounded by comparatively small populations will lose the most. Their ability to survive will depend on their being able to attract enough patients from outside their local district. The 'foreign' patient's health district will then pay for treatment in the facility rich, cash poor hospital. Problems will arise if losing health districts fail to attract enough work, and it seems likely that the ones most likely to have problems will be the ones which are to see the biggest budget cuts.

London is to be badly hit. We have three main teaching hospitals in our region, and we will experience the following cuts in our budget: Lewisham and N Southwark (Guy's) will lose 37%; W Lambeth (St Thomas's) is to lose 59%; and King's will lose 34%. Bottom of the pile is Bloomsbury, which will lose a massive 78% of its budget.

There is concern over both the rate and magnitude of the planned cuts. Mr Gordon Best, director of the King's Fund Centre, the independent institute providing research into health and in particular into its delivery, said, 'As the government begins to understand how fundamental and radical the White Paper is . . . the inevitability of them having to slow down becomes clearer'. Others agree that a fair distribution of resources is a good principle, but point out that this could be achieved with financial injections into the relatively deprived areas rather than by substantial cuts in relatively well-off ones.

ASC

Health districts join hands

Three London health authorities, Lewisham and North Southwark, West Lambeth, and Camberwell, plan to set up a joint consortium to organize contracts under the government's planned reforms. Lewisham and North Southwark district general manager Professor Elaine Murphy said that the aim was to arrange a system that could iron out the cross boundary flows between the three health authorities.

This move seems to prejudice against the interests of smaller health districts, and thus could be one which makes the districts less sensitive to the needs of the local community.

ASC

The Friends in need

The Friends of Guy's were supported most generously by the London Fire Brigade and members of The Friends in a bucket collection on the London Bridge Station concourse on Wednesday 14 June. Over £5,000 was collected and we are most grateful to all who gave so generously of their time and money.

There have been many calls on our funds, extending from meeting the personal needs of patients in the wards to the upgrading of Astley Cooper ward and improvements to the Tower reception area, including the provision of toilets for the disabled, both there and in Shepherd's House.

We are continuously seeking new ways to raise funds. On Tuesday 17 October 1989 we are joining with other groups of hospital friends in a 'Hospitals of London Flag Day'.

We aim to collect from 7.30 am until the evening homeward rush hour at London Bridge and Waterloo Stations, as well as the Underground stations and in that part of the City just north of London Bridge.

We would like to make this a great success and we appeal through you to your readers, especially those in the Guy's community, to come and join us to help in this ambitious effort.

Please will anyone who can offer help contact The Friends now on 01-955 5000 Ext. 5460 or on 01-407 1058.

Thank you.

A H Burfoot
Chairman

Dental School — new professor

The University of London has announced the conferment of the title of Professor of Oral Medicine on Dr S J Challacombe, BDS PhD MRCPath. Professor Challacombe succeeded Professor Cawson as head of the department of oral medicine and pathology at UMDS in 1986. He has an international reputation for his work in oral medicine, oral immunology and microbiology and has published widely. He was sub-dean of dental studies at UMDS from 1983 – 1987.

A H Rowe
Dean of Dental Studies

Guy's Hospital Dental Society Centenary Raffle

1st	Mrs G Reece	Suzuki Car
2nd	Mr B C O'Riordan	TV
3rd	Pat Jenkins	Microwave Oven
4th	Mr I Hutchison	Kettle
5th	Mr A E Brown	Case of Wine
6th	P S Holmes	Jeroboam of Claret
7th	Margaret Bumstead	Jeroboam of Claret
8th	Mr B J Heath	Coffee Maker
9th	Mr Dawson Watts	Bottle of Champagne
10th	Mr Ben James	Cognac

A Piece of Lard

The management of Guy's Hospital (1989) plc (otherwise known as the Lord McColl Memorial Hospital) seems pleased to announce the opening of a new money-making and business-producing enterprise — A Piece of Lard. This new retailing outfit, fabricated in record time from nasty pieces of plywood covered in the cheapest veneer and painted in awful colours, has been ingeniously squeezed into a redundant patch of land on the Guy's site. It specializes in providing high-cholesterol, low-fibre pastries and other atherogenic foodstuffs — hence the catchy name — A Piece of Lard.

The venture was launched with a most tasteless advertising campaign aimed at antagonizing the nurses, which it did most successfully. The offensive advertisement depicted a Guy's nurse winding a cream cake into her mouth (fortunately the other hand — holding her cigarette — was not shown). A justified protest from the more vocal of the nurses produced a weak response from the three little admin men.

Of course, A Piece of Lard makes excellent business sense. By consuming goods purchased at this unhealth-shop patients will increase their risk of atherogenic diseases and thus create work for Guy's plc. Secondly, those members of staff who, quite misguidely, are opposed to Le Papier Blanc, will be sent free vouchers to spend in the shop in an attempt to shorten the timespan of their opposition.

All in all a most successful venture and a good omen for the shape of things to come.

'Chomper'

Clubs' Union News

Congratulations, and welcome to Guy's, or UMDS for short.

So where do you come from? What school did you go to? What A-levels did you get? During my first week at Guy's I became accustomed to asking and answering these questions whenever I met anyone. I still don't know why.

Guy's is a large, and sometimes confusing place, and matters have been made worse recently by the acquisition of an annex near Waterloo. The best way to acclimatize during Freshers' Week is to make sure that you get involved, and to this end a number of unforgettable events have been organized for you. In particular, the Freshers' Fair, scheduled for Friday 29 September, offers an ideal opportunity to join a variety of clubs and societies (*or even join the staff of the* Gazette — *Ed.*).

The rest of the events of Freshers' Week are directed towards providing a friendly, social atmosphere, giving you the chance to talk to fellow Freshers, and gain valuable tips and 'suggestions' from older, more experienced students (*NB all Freshers: I am much older than Zaheer — Ed.*). Remember, Freshers' Week is laid on by us for you as a welcoming gesture — don't disappoint us by not attending.

Finally don't forget, you are now all university students, which involves both social and academic activities (I leave the emphasis to you), and as always, you get out of student life what you put in. So work hard, play hard and have a good time. Good luck.

Zaheer Yousef

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Freshers' Week Diary

Thursday 28 September	am	Registration, St Thomas's
	pm	Lunch, Christian Union, St Thomas's
	eve	*Disco*, St Thomas's
Friday 29 September	am	Grand welcome, Guy's
	pm	Tour of buildings, Guy's Freshers' Fair, Guy's
	eve	NatWest Cheese and Wine Party, Guy's Jazz and cocktails, Guy's
Saturday 30 September	am	Barbeque at Cobham, and sports trials
Sunday 1 October	pm	Prepare pencil case
	eve	Phone mother
Monday 2 October	eve	Principal's welcoming party, St Thomas's
Tuesday 3 October	eve	Inflam at Guy's, plus hypnotist
Wednesday 4 October	pm	Freshers' trials at Honour Oak Park
Thursday 5 October	pm	Bar entertainments/games in Boland House, plus Barn Dance
Friday 6 October	pm	Party at St Thomas's

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Drinking out round Guy's

Huw Morris and Dave Werring

Introduction

In these days of dwindling numbers of school-leavers and increasing difficulty in attracting the sixth form élite, what advantages does Guy's have over other London medical schools? Surely one of its most attractive features is the extraordinarily high concentration of pubs and wine bars in the London Bridge area. There are watering holes to suit any occasion — from euphoric celebrations following a gruelling anatomy viva to a quiet Friday afternoon. We offer here a short review of some of the key landmarks on the SE1 imbiber's map, constructed only after countless hours of selfless investigation.

The Anchor

Bankside

This is a large, busy pub on the South bank of the Thames which serves good, though expensive, beer and food. There is a large riverside terrace outside that is often occupied by Guy's students. However, the pleasant vista over the river has recently been marred by

Riverside attraction—The Anchor (*Photo:* **Ron Simon**)

the construction work on an office development on top of the newly-discovered Elizabethan Rose Theatre which looks set to engulf this historic site forever.

Courage Best, Directors

*** +

The Boland House
St Thomas' Street

Chez George — what can we say? Lack of light or oxygen contribute to the atmosphere of this back to basics style bar (although rumour has it that refurbishment is underway). The mood ranges from funereal to feverish and non-stop entertainment is provided by the looped tape of *Walk on the Wild Side*, Led Zeppelin and *Lay Lady Lay*. Hot pies enhance the hypnotic appeal of this vital watering hole. Highly recommended.

Courage Director's, Tetley's, Burton's, Old Rosie

*****

The Bunch of Grapes
St Thomas' Street

The Bunch of Grapes (not to be confused with the Grapes) is half-way between being a wine bar and a pub. It's mainly used by lunch-time (City) drinkers and has a wide food selection. It closes early in the evening — some people think that its opening hours should be restricted at other times as well.

Brakespeare's

*

The Cooperage
Stainer Street

Unsurprisingly, this is a former cooperage which has been converted/restored into an 'old' pub. Stone floors, pewter tankards and very dim lighting give this pub a unique atmosphere which attracts a large number of City types (wear a pin-striped suit to blend into the background). The selection of drinks on sale is limited, consisting of a single ale and several types of port. The food available is also limited, and expensive. However, since both the beer (Davy's Old Wallop) and ports are highly drinkable, this pub is recommended.

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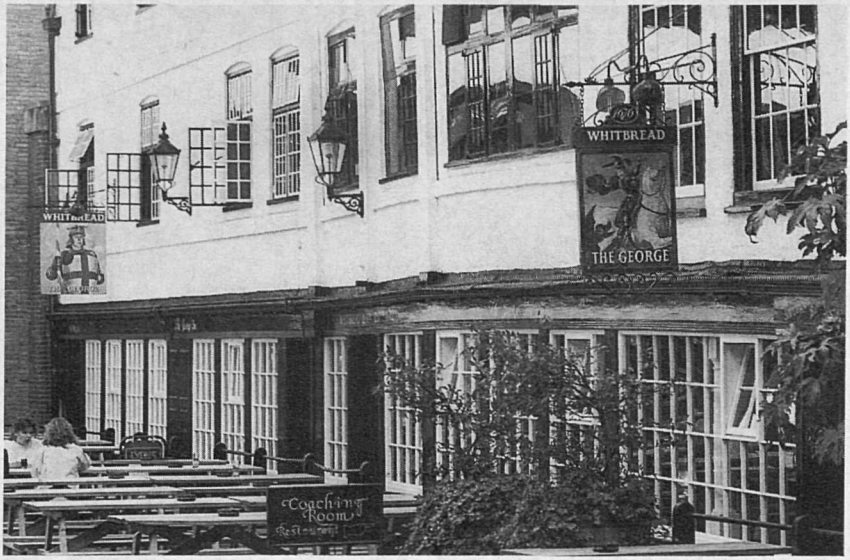


The real thing—the four-star George (Photo: Ron Simon)

The George Inn
Borough High St

Given the trend towards faking old pubs in London, it comes as a refreshing surprise to find a pub that is not only very old, but also superbly maintained. Reputedly, Shakespeare relieved his writers block in the George and the ale has been flowing ever since. It is the last remaining galleried pub in London, and is owned by the National Trust. The large cobbled courtyard, and impressive oak-panelled interior (compete with open fireplace) make this a pub for all seasons. There is a small downstairs dining area, and an upstairs restaurant. Although large numbers of tourists can be a stressful problem, the George has a fine selection of well-kept real ales, and on balance is highly recommended.

Abbot Ale, Bulmer's original cider, Brakespear's, Marston's Pedigree

****

The Globe
Bedle Street

This traditional market pub is recommended for both its beer and its spartan, yet homely decor. The Globe serves a foaming, yeasty pint of Bass — if that sounds unappealing other drinks are available.

The bar staff remain friendly, despite the arduous demands of early morning opening. Local sources indicate that cooked breakfasts will be available within the next couple of months. Recommended, but beware of early evening closing.

Bass, 6.30–8.30 am, 11.00–3.00 pm, 5.00–9.00 pm
** +

The Goose and Firkin
Southwark Bridge Road

The original in a chain of home-brew pubs founded by David Bruce (the Phoenix at Denmark Hill and the Fox at Lewisham are also worth a visit). It can confidently be stated that the beer and cider brewed on the premises at Firkin pubs are a law unto themselves. Here the beers include 'Goose' and the notoriously potent 'Dogbolter'. A guest real ale or two are also available. The Goose is recommended for its earthy atmosphere (basic furnishing and sawdust on the floor) and on Fridays singing led by Frankie 'Fingers' on piano is compulsory.

Goose, Dog, plus guests
*** +

The Hole in the Wall
Waterloo Stn

The Hole is built into a railway arch underneath Waterloo Station and thus its ambience is dominated by the periodic tremors caused by the trains. 'Clickety-clack' is a well-known pub game which involves having a drink each time a train rumbles overhead — this game is not recommended during either the rush hour or a rail strike. This unpretentious pub has both small and large bars and an exhaustive range of well-kept real ales. Essential.

Bass, Greene King, Ruddles County, Burke's Lion, Youngs, Murphy's stout, Everard's Tiger
****

The Horseshoes
Melior St

Perhaps the most popular pub among Guy's students, but don't let that put you off. The approach from Melior St displays the architecture of this pub to good effect. The ale is dependably good (some people have been known to try to serve themselves), and large windows give the pub an airy atmosphere. The small terrace is handy

in summer. A chat with landlord Tony is about as inviting as a swim in the Tyne (only joking, Tony). Good CD jukebox. Recommended.

Red Dragon, Bass

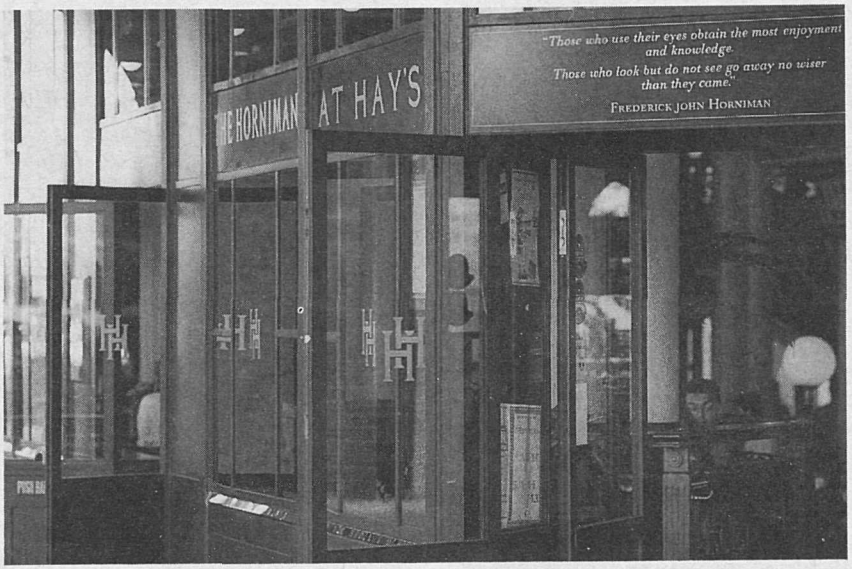
*** +

The Horniman at Hay's
Hay's Galleria

This is the local pub in the massive new development known as 'London Bridge City'. It is situated by the river, at the end of Hay's Galleria. Although lavishly decorated, and pleasantly spacious, this pub cannot boast any real atmosphere. Food and drinks are extortionately priced, although to be fair the beer is good. Nice views over HMS Belfast and Tower Bridge, together with a good selection of ales make this pub worth an occasional visit, but it cannot be recommended as an everyday watering-hole.

Adnams, Arkells, Boddingtons, Burton, Tetley's

**


THE HORNIMAN AT HAY'S
"Those who use their eyes obtain the most enjoyment and knowledge.
Those who look but do not see go away no wiser than they came."
FREDERICK JOHN HORNIMAN

The high-budget Horniman (*Photo:* **Ron Simon**)

The Old King's Head
King's Head Yd

You've joined the Halifax, now try the pub. Is it 'Easy like Sunday Morning' or more of 'A Hard Day's Night'?

Well, this pub serves perhaps the best pint of Courage around Guy's. Flamboyant yet cosy decor, reasonable lunchtime food and close proximity to Guy's add to the appeal of this stalwart local tavern.

Courage.

***

The Market Porter
Stoney St

Opposite Borough market, the Market Porter has a fine cellar of real ales. These include 'Market' which is the pub's own local brew, and Sam Smiths. The enjoyment of these beers is enhanced by the oak-panelled interior, which has a recurrent theme of ale barrels and stuffed animal heads. Good food is usually available at lunchtimes, although the kitchen is presently under renovation. An upstairs room (with bar and food) is a good venue for private parties. Highly recommended.

Market, Sam Smiths

****

Fine ales and real oak panels—The Market Porter
(*Photo:* Ron Simon)

The Miller of Mansfield
Snowsfields

Although not architecturally stunning (the pub and adjacent Snowsfields car park are easily confused), the Miller boasts a fine pint of Flower's Original. An essential landmark since its upstairs bar is a popular venue for parties.

Flower's

**

The Oasthouse
London Bridge Station

If the new BR ticket machines are a complete mystery to you, why not seek solace in the Oasthouse, where a soothing pint of Bass is always to hand. Small, and has British Rail food, but despite this often comes in handy.

Bass

**

The Old Thameside Inn
Bankside

Perhaps the best of the riverside pubs, the Thameside is in the ground floor of a warehouse conversion situated next to a Victorian schooner. A useful plaque points out the famous monuments on the facing side of the river, allowing a visual tour of the Cityscape without having to leave the comfort of the riverside terrace. A selection of real ales spells warm recommendation for this hostelry. Pub food is available in the downstairs cellar bar.

Courage, Tetley's, Wethered's

*** +

The Rose
Weston St

This pub is so quiet that you can hear the head settle on your pint of Guinness. Speaking of which, the Rose serves the finest pint of the Irish ambrosia this side of Kilburn on St Patrick's night. Recommended if you are fond of your own company.

Guinness, Courage

**

The Southwark Tavern—good for a pre-breakfast pint
(*Photo:* Ron Simon)

The Southwark Tavern
Southwark St

This spacious, Victorian-style pub situated close to Borough market has potentially useful breakfast opening hours (6.30–8.30 am). The fact that this is one of the Nicholson's chain of City wine bars and pubs is reflected both by the smart dress of the bar staff and the prices. Despite this, there is still a friendly atmosphere and the Southwark Tavern is the most convenient pub in which to stiffen resolve before an outing to the newly opened City Tandoori. 1988 award for floral excellence(?).

Adnams, Boddingtons, Wadworth's 6X

***

The Three Jolly Gardeners
Union Street

Worth a visit if only for its excellent name. It is difficult to see just where the gardening takes place since this is one of the most built-up areas in South London — perhaps this accounts for the good humour of the green-fingered revellers. Unfortunately the beers on sale don't provide many chuckles.

Keg Courage

*

The Wheatsheaf
Stoney St

Scandinavian pinewood is the keynote in this intimate regular's pub. Although seldom frequented by Guy's students, the 'sheaf always exudes a welcoming atmosphere. John Smith's on draught is a nice surprise. Recommended.

Courage, John Smiths

***

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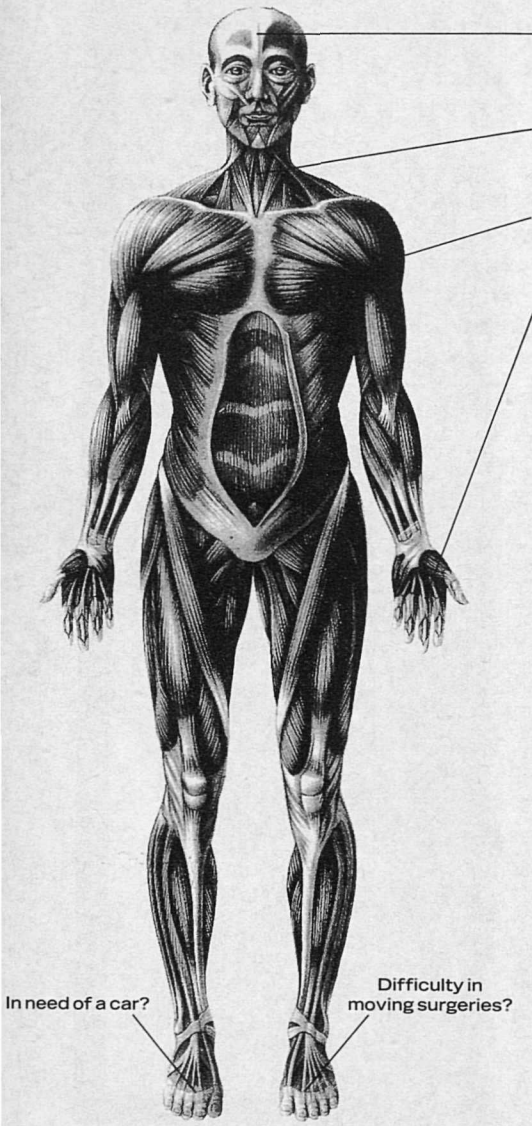

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Professor Maurice Lessof — an appreciation

Writing about the formal retirement from Guy's of a good friend and close colleague is always a difficult task, a mixture of responsibility and opportunity, a problem of finding balance between cool biography and warm sentimentality. Even contemplating the retirement of Maurice Lessof from Guy's induces in me a sense of unreality — how can it be so? How can a person who for so many of us has personified Guy's go and Guy's still be Guy's? It most assuredly will be, but it's difficult to see how.

Maurice is not a flamboyant character. He does not need to be. I have never heard him shout; when he gets angry he gets quieter. I have never seen him unkind, and his kindness can sometimes be pervasive. I have never known him to be untrue or unjust, though I may not always have shared his truth and justice (usually a mark of my own erroneous judgements). He is a man of patience and fortitude, of unshakeable loyalties: to his family, his friends, to his own convictions, and to his beloved Guy's. He is a peacemaker, a conciliator, a negotiator, a wise counsellor a seeker of the middle way. To the young who flow unceasingly through this institution he is an ever-courteous, ever-available, supportive, but uncompromising and demanding guide. To those of us fortunate enough to have grown older with him he has been a loyal, critical, quizzical always constructive colleague. Unyielding in his defence of the right (no political innuendo intended), he will take an adversary by surprise with a great guffaw of laughter which often rearranges the argument. This word picture is seriously incomplete if it fails to convey the sense of fun, the deep joy, in this sometimes so serious existence, that runs through this serious, sometimes formidable, man. There is a rich gravy with the gravitas, puckishness with the purposefulness.

The debt we collectively owe him is enormous. The Guy's Department now UMDS Division of Medicine, has been forged on this campus into a loyal union of competing but collaborating academic fiefdoms, all of them responsive to his call — made only when necessary — to suppress sectarian enterprise for the greater good. It is not today's, slick, learned managerialism which contains and contents the prima donnas of the clinical academic specialties. It is acceptance and respect for one whose understanding and judge-

ments are sound, whose integrity is without question, and whose decisions are never made without consideration and consultation, more democrat than dirigiste.

Maurice Lessof's contributions to Guy's and to medicine generally are innumerable and ongoing. He is, first and foremost a kind and concerned physician, and an excellent one. Greatly admired as a teacher, he excels in patient and lucid exposition, drawing upon an extensive stock of personal experience and a very broad knowledge of the literature. His chosen specialty, clinical immunology is, typically, a challenging, emerging area of clinical medicine to the advance of which he has made major personal contributions. Although renaissance man in medicine has largely given place to bionic wizard, for those who still believe, if falteringly, in the seamless sphere of medical knowledge, Maurice Lessof must be one of today's foremost exemplars.

Outside Guy's he has given unstintingly of his time and concern to the more public face of medicine. As a Censor and lately senior Vice President of the Royal College of Physicians of London, he has provided wise guidance and principled leadership. He chairs the College committee on Clinical Immunology and Allergy. A joint committee with the British Nutrition Foundation under his chairmanship produced a report of food allergy which blew fresh air through a subject in which quackdom, charlatanry and black magic rampage. Even that many-headed monster, the University of London, has had the benefit of his wise counsels in Senate and Academic Council, and as Chairman of its Board of Studies in Medicine.

Closer to home there has been need for patient and persuasive diplomacy on many fronts: as the two proud Schools of Guy's and St Thomas Hospital dock into UMDS; as 'clinical management', 'resource management', 'process audit' and 'outcome audit' enter the Guy's lexicon; as boards of directors and contracting authorities seek to impose new practices and new relationships in our hospital and health care services. All these changes will inevitably affect our clinical practice, teaching and research. In establishing our new links with our sister district hospital in Lewisham, it was typical then, that rather than sending a minion to Lewisham, Maurice Lessof based himself there for a couple of years.

This man leads by example rather than by exhortation; he reminds us, when we need reminding, that our ultimate purpose is the sound care of our patients and that that is what we are in medicine for. We shall miss him from his place even more than we now

suppose. He will continue to serve Guy's and all of us from his formal retirement, and we all wish him many years of good health and active enjoyment in it.

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Phase III: A Holy Grail

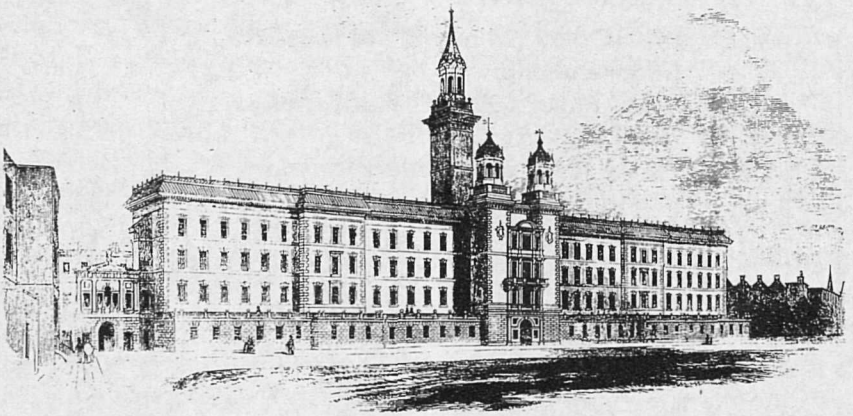
by Aman Coonar

'I'd rather be kept alive in the efficient but cold altruism of a large hospital than expire in a gush of warm sympathy in a small hospital'.
Aneurin Bevan

Guy's, looking a little dilapidated, has recently faced the turmoil of major building works all over the campus. This frenzy of activity, as almost everyone at Guy's must know, is primarily the result of work which aims to create the now legendary Phase III. But why do we need it, what will it look like, how much will it cost, and what will it do? To answer these questions I spoke to Sandra Carnell, projects director at Guy's and a number of the clinical staff most intimately involved with the development.

Phase III, it seems, is the logical result of ideas and activity laid down during the war years, married with modern principles of health care delivery within a major hospital.

To understand the first point we must consider the results of wartime bombing. Much of Bermondsey was destroyed, and far-sighted directors of the Hospital were able to purchase a considerable tract of land to the east of Great Maze Pond relatively cheaply. The aim was to use this area for health care. Therefore, it was on

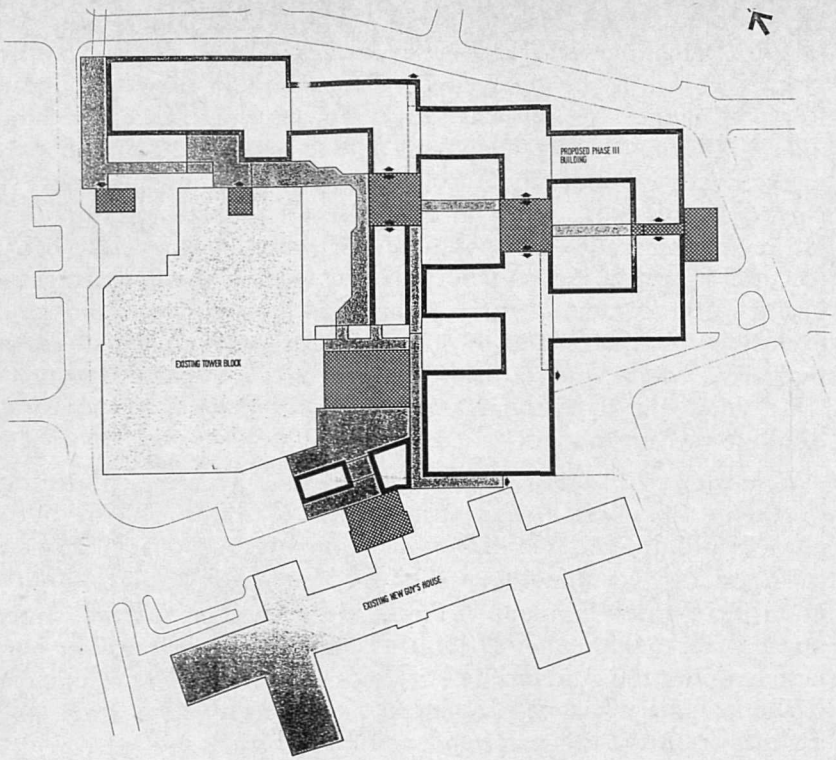


Hunt's House in its former glory

this site that Phase I, New Guy's House, was built, being completed in 1962. This allowed the overcrowded, and once rather beautiful Hunt's House to be relieved of a considerable surgical burden. Phase II of the Hospital was Guy's Tower which, in a role other than a 30 storey smoke stack, was able to house the dental department, Evelina Children's Hospital, obstetrics and gynaecology, X-Ray, and pathology. Work on Phase III was to follow on from that. However political activity intervened, when in the early 1970s teaching hospitals moved from direct control of the department of health to the control of the regional health authority. Funds once exclusively for the use of the teaching hospital were redistributed into areas which suffered from a relative lack of health resources. This led to the development of several 'greenfield' hospitals, for example in Maidstone.

In the early 1980s Guy's was once again given the opportunity to play for Phase III. It was put to us that if we were able to control our expenditure and live within our budget instead of regularly and substantially overspending, we may obtain funding and authorization for the development of Phase III, providing that it was still appropriate to the region's health strategy. This we were able to do, largely under the guidance of Professor Cyril Chantler, who helped us to introduce a variety of financial controls. Thus Guy's was given authorization for Phase III.

The development will extend in an apron-like fashion north, east and south from the tower (Fig. 2). It will be six storeys high, and also include a basement level. Within it care will be delivered according to a new philosophy. Instead of the older system in which all outpatients were seen in one block, with medical wards in another, and surgical wards in yet another, we will see the establishment of integrated units. The renal unit, for example, will involve an integrated facility having renal outpatients, inpatients, dialysis, surgery and transplantation, and research all grouped together. The advantages over old, dilapidated buildings with large, environmentally unregulated distances between them are obvious. Furthermore patient safety will be improved. For instance, simply because they are closer together, surgical or ITU back up will be more easily available if a medical procedure, such as angioplasty, experiences problems. In the new development patient and staff comfort is also a priority. There will be provision for pleasant waiting areas with open atria, a big difference from the rather grotty existing outpatient block. In addition there will be a new staff canteen. Importantly, the design also takes special account and makes provision for the large



The plot exposed—how Phase III maps out

numbers of elderly or handicapped patients who are expected to arrive by car or ambulance at ground floor level.

Phase III, though offering an excellent environment for the practice of modern medicine, will not, however, be cheap. At today's prices the cost is about £83 million, and on completion in 1993/4 is expected to cost £110 million. This sum is not dissimilar to the cost of a new district general hospital. Phase III however, even though it is only part of a larger hospital, will be able to offer more facilities for the money.

In addition there are other reasons for making this investment at London Bridge rather than at a new site. First, the rest of the hospital is complementary to it: patients will be able to receive a great variety of services at one site. Secondly, there is a medical school here. This institution is reliant on a hospital of a certain depth and breadth in order to train its students, and equally the medical school is able to benefit the hospital is a number of ways. For example, it provides advice on clinical and research matters, provides a stock of

cheap labour in house officers, and to some extent shares staff and facility costs. Indeed, academic contributions are paying for about 10% of the development. Thirdly, London Bridge, by virtue of its transport links and proximity to the centre of London, has within a short travelling time a huge potential consumer pool. Not to invest at this site would put Guy's at a serious disadvantage in its aim to attract clients for its services. There have also been suggestions that Guy's should be sold, and the income generated be used to fund a completely new hospital and possibly medical school on a new site. This suggestion is in fact neither cost effective, nor is it viable in terms of the massive disruption which would take place.

Phase III should be complete by 1994. Its success will be ultimately determined by its effect on patient care. If it fails to improve the available services or fails to be financially effective it will become hard to justify the existence of Guy's either in terms of its scale or its site. On the other hand, its success will ensure continued investment and hence will safeguard the future of Guy's for the forseeable future. As Professor Chantler said, 'It is the Holy Grail'.

Obituary

Dr Sean McArdle

Dr Sean McArdle was consultant neurologist at Guy's Hospital until his retirement. He had been in poor health for some years before his death.

He entered the medical school at Guy's from Wimbledon College with a scholarship in Arts — a fact which I heard him refer to with a hint of pride even in his last years. He qualified in 1932, first as was the custom in those days with the Conjoint Diploma, and later passed the London MB with Honours. He held resident appointments at Guy's and served as a medical registrar.

A short while ago one of Dr McArdle's colleagues, who had been a resident with him at Guy's and who has since achieved very great distinction in our profession, said publicly that during the time they were together at Guy's Dr McArdle had taught him all he ever needed to know about medical ethics. This came as no surprise to those who knew Dr McArdle. During that time at Guy's Dr McArdle came under the influence of three powerful and extraordinarily capable physicians — Hurst, Ryle and Symonds — and he often spoke in gratitude for what they had taught him, more by their example and inspiration than by instruction. After Guy's he spent some time at the Maudsley Hospital. He always appreciated the importance of this experience to his neurological career.

Having committed himself to neurology, he became a house physician at the National Hospital, Queen Square, where again he came under the influence of great men. He used to reminisce especially about his memories of one 'firm' — Holmes, Riddoch and Symonds — and it would be hard to imagine a more formidable trio. While at Queen Square he was awarded a Rockefeller travelling scholarship and chose to spend a year in France, providing himself with a grounding in neuropathology with Bertrand. A colleague there was Garcin who later became one of the Chiefs of Service at the Saltpetriere and they remained good friends. Dr McArdle retained his affection for France and French neurology and was very well versed in French neurological literature. He spoke French very well and loved to use it when occasion demanded.

He returned just before the war and joined the RAMC as a neurologist and served in Edinburgh, at St Hugh's in Oxford and later in Western Europe after D-Day. One is told that the records

Dr Sean McArdle

of his findings in cases of head wounds, written on small cards, had to be seen to be believed, replete as they were with his detailed observations all recorded legibly in his beautifully neat and 'microscopic' handwriting.

After the war he was appointed to the staff at Guy's and the National Hospital, Queen Square and later he undertook as well the neurological work at Kingston Hospital, where (nowadays hard to imagine) he did a clinic on Saturday mornings and a ward round in the afternoon.

It would be difficult to imagine that anyone could be more devoted to his work with patients, and while sometimes perhaps impatient with administrative chores he served his patients and their needs unstintingly and to the utmost of his ability, which was very great. He was an unusual teacher and I think one could only benefit fully from his gifts in this respect by working with him, a privilege which many at Guy's today enjoyed. It was said, and rightly, that he had more neurology in his head and learned from his experience than most of us have ever learned from books. He stored his experience in an extraordinary way and was an acute, quick and at the same time a patient observer. It was as a result of this truly remarkable clinical precision in thought and practice that he correctly came to the conclusion that the very painful, persistent and mysterious syndrome of nocturnal acroparaesthesiae was due to compression of the median nerve at the wrist. Such compression at the wrist had been described before but not its relationship to the common syndrome of acroparaesthesiae, and McArdle's ideas were greeted at first with very considerable scepticism.

It is interesting to speculate — although perhaps Dr McArdle would have regarded it as idle speculation — by how much the sum of human misery and pain has been diminished in the last 40 years as a result of his elegant clinical reasoning. If it were possible to measure such a thing it would be rather more in total than has been achieved by some of the more spectacular medical advances of our time. In his general clinical work he was at his best with a difficult problem, and one sometimes felt that the more difficult the patient with the difficult problem the more he relished the challenge. He would pick his way patiently, and at times laboriously, from one landmark to another to reach his destination. His particular gift was his ability to elicit and assess the details of physical examination that could be relied on absolutely. He was a great physician and there are many who have had the benefit of his skill and wisdom, sympathy and compassion.

His last years were saddened by his wife's death and then the trials of failing health. Particularly sad was the partial blindness which robbed him of the joys of reading.

He was very proud of his Irish ancestry and fond of Ireland, and one of the few things of which he could be said to have anything less than an easy tolerance was any disparagement of its people or its ways. He regularly took his summer holidays of the west coast in County Clare and it was very obvious to his colleagues that he returned quite transformed — restored and ready for another year's neurological toil.

C J Earl MD FRCP

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Book Reviews

MCQ Tutor: Psychiatry Today. Robert I Cohen and Aaideen O'Halloran. Soft cover. £10.95. Heinemann Medical Books.

This book consists of five tests of fifty questions each and is intended for candidates preparing for the first part of the membership examination of the Royal College of Psychiatrists. The answers include a brief explanatory text, the tests themselves reflecting the content of the Part I MCQ.

There are several, similar MCQ manuals available and this one is no better or worse than the others. Like the real thing, the questions require knowledge of the essential, the récherché and the trivial.

Having set MCQs for many years, I know how difficult it is to produce unambiguous appropriate questions in a specialty which has its full share of controversy. The authors have generally succeeded in doing this and the book will probably prove useful to MRCPsych candidates, although most students will struggle with it. I managed to get some of the answers right, which was reassuring.

B Rosen

Aids to Psychiatry. H G & M H Morgan. 224pp. £7.50. Soft cover. Churchill Livingstone.

This is the third edition of the Morgan's brief textbook, probably best described as a comprehensive collection of lecture notes. It has been expanded from the previous edition to include new sections on child sexual abuse and AIDS, and other chapters on organic disorders, the Mental Health Act and forensic psychiatry are more comprehensive. There is also a useful section on examination technique.

The book is intended as an aid to the MRCPsych examination but could also be used by medical students. It will certainly not substitute for a more comprehensive textbook and could be confusing for medical students if they tried to use it in this way. However, it is a valuable and clear summary of existing knowledge and practice in the field and should prove useful to examination candidates, either as a last minute *aide memoire*, or if read in conjunction with a larger text. It has a small number of key references (almost all British) which can be memorized to impress examiners.

B Rosen

Obstetrics Illustrated. A Miller and R Callander. 504pp. £14.95. Paper cover. Churchill Livingstone.

I bought the first edition of this book as an undergraduate many years ago and was attracted to it by its simplicity and large diagrams combined with minimal text. The current authors have continued the general principles of this approach which makes it attractive for undergraduates. It suffers obviously from the lack of detail that is required at times even for the undergraduate. Factually it remains very good although there are some questions of management that I would question, and some of the endocrinological changes e.g. in relation to the hormonal relationships of early pregnancy I believe to be inaccurate. Pituitary LH reaches a peak prior to ovulation and HCG production

begins around the time of implantation at day 6 or 7, not as late as day 14. Likewise, the production of steroids of placental origin probably begins sooner than 12 weeks indicated in the diagram relating to that subject. These are minor points and I would not detract from its acceptibility as a undergraduate text for those looking for simple explanations of the physiology of pregnancy and introduction to abnormalities of pregnancy. Returning to my earlier experiences of this work, some of the pictures still remain vividly in my memory during the teaching of undergraduates. Its competitors in the current market are the small handbooks that fit into a pocket and contain similar amounts of information but without the diagrams. It is certainly not a text for those wanting a detailed knowledge of the specialty.

Michael G Chapman MRCOG
Head of Department
Obstetrics and Gynaecology

Medicine and the Law. Knapman and West. Soft cover. 193pp. £8.95. Heinemann.

This excellent little text book sets out clearly and concisely the main areas of forensic medicine. It is divided into two parts: the medico-legal aspects of medicine, and forensic medicine and toxicology.

The first part discusses the law as it relates to medical practice. Some of the more pertinent ethical problems encountered in modern medicine are reviewed and their legal position considered. It also sets out the structure and function of the courts in which doctors may find themselves giving evidence. The legal basis of the confidentiality of patients' notes and the preparation of reports for the various courts is discussed.

The rather 'drier' subjects of the GMC and the complaints procedure of the NHS are well presented, and finally the common pitfall of death certification is discussed. All of these areas are well covered in an easy style which helps to clarify some of the more obscure areas of the law relating to medicine.

The second part of this book provides an excellent review of forensic medicine. All of the main areas of the subject from lacerations to asphyxia, and sexual offences to child abuse are covered and the presentation allows for easy reading. The subjects are well but not exhaustively covered as the book is not intended to be a full discussion of all of the variables of wound interpretation and causation.

The chapters are not referenced but a short list of recommended books is included for those wishing to pursue a point more fully.

Litigation is a new growth industry, as the massive increases in the Defence Society subscriptions show. A wider awareness of legal medicine among doctors generally may well slow this growth. This book is intended for the medical student as a supplement to the lecture course but it will be invaluable to the practising doctor (of whatever grade) who needs to have a reliable, readable and rapid reference to this subject.

Dr R Shepherd BSc MBBS
MRC Path DMJ
Lecturer in Forensic Medicine

The Well Woman Handbook. Suzie Hayman. Soft cover. £3.99. Penguin.

This is a short, simple and easy-to-find-your-way-around book, obviously designed for the shelves of well woman clinics and GP surgeries.

The common-sense information is presented well, with plenty of illus-

trations (I found the picture of a sphygmomanometer particularly handy!) centred around self-examination and gynaecological problems. There are chapters based on female anatomy, examination procedures, self-help and contraception, together with an extensive glossary.

Although I found this book quite handy to have on my bookshelf, it is not designed to help you pass MB Obstetrics and Gynaecology, but to be recommended if you are interested in basic gynaecological self-help.

Jane Wheeler
Medical Student

Ellis Dee Ruminates

What a glorious summer that was! Now, as we drift to that exquisite fall season, I'll wax lyrical on the banes and joys of Guy's. First as I'm sure you can all see both by the clouds of dust, and the sudden leap in the frequency of Bermondsey Wheeze, the building work rushes on unabated. My, what a few Guy's men can do with more than a few million. What's it going to come to — did I hear more than two hundred million whispered in the dark shadows of the Coyne Bear? Come on Max, come clean. And another point on this Phase 3 business, what I'd like to know is what Phase 0 (remember Pol Pot) was? I've got a clue that it might be some of the ancient, terribly historic artifacts that keep on being unearthed, and hushed up, under the sediment of the Tower (Phase II). They pulled out a full scale Roman boat out last time, which slowed things down by another couple of million I'm told. In fact, I've heard it mentioned that they're selling the odd bauble or two which they find down there to keep them in the sherry. Well, good luck to Hatton Garden.

Hello Freshers. Just a cheery little greeting. I'm so envious of you. Very soon you'll be puking everywhere. Lucky little urchins, aren't you? And as for the young ladies, I can tell you now they might love you tonight, but they won't remember your name in the morning. Happens to me all the time.

Finally, I really should warn smart consultants that, if they will have lunches in the open at Hays Galleria with pretty young things at their side, it's as good as being caught *in flagrante*, and they are liable to be talked about both in the Piece of Cake and in this investigative column. Thank You.

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Nursing Notes

Caps off

Has a revolution occurred at Guy's? From the beginning of August nurses are no longer required to wear their caps. Indeed, they will be disobeying uniform regulations if they *do* wear them. Nurses have voted, and approximately seventy-five per cent were in favour of discarding these symbols. Needless to say there is a vocal minority who deplore this loss, and view it as part of a steady decline.

This decline is real, though whether it is to be deplored is another matter. At one time nurses wore starched aprons, with the possibility of transmitting infection on these from one patient to another: nowadays plastic disposable aprons have sensibly replaced the cotton aprons, and are only worn on necessary occasions.

Stiff collars and cuffs for sister have also long gone. All this represents a subtle form of strip-tease, which undoubtedly saves money, but one wonders how far it will go before it stops! Some nurses who disliked losing their caps probably feel that the matrons of their training days would turn in their graves, if that were possible, at the demise of the nurse's uniform they knew. But where are the uniforms of those in nursing administration and education today? Sister tutor and matron have thrown their titles and garments to the wind long ago. Moreover, Guy's can hardly claim a 'first' in removing caps — Barts and the Middlesex, among others, got there first. My own view was stated in these columns some time ago: 'Nurses' caps, as worn today, no longer afford protection against infestation, and anyway, such protection is no longer necessary. However attractive they may look, they could usefully be removed without giving any specific offence to medical precaution'. Someone agreed with me!

Black tights must surely be next in line for the chop. Not only are they unpleasant to wear, as the recent hot summer has emphasized (I would add this is from information gleaned, not personal practice) but they are unhealthy and are often advised against on medical grounds. Nurses feel particularly aggrieved when they work alongside other staff, from clerks and cleaners to doctors, who wear nothing on their legs, and open sandals to keep their feet cool. Surely nurses should relinquish their uniform connexions with the wimples of 'Sisters of Mercy', or the alternative black-stocking sexist image? Surely this is a case where cuts entail no sex or religion?

In the future I am sure we will see the disappearance of uniforms as we know them; in their place I hope will arise the more sensible approach of wearing protective clothing — protective to both patient/client/customer and carer alike. Nurses' clothes may have been originally designed with hygiene and utility in mind. Now that ideas of these latter have changed, let reform (or is it revolution?) complete the task.

Denis Cobell

Physiotherapy Notes

In this Freshers Special, Diana has invited me to say 'Welcome from the past' to those brave students who have the distinction of being not just the latest but also the last of the physiotherapists who train for their professional lives at Guy's. 'Welcome to the future', as well, because with that pedigree they can boast a lineage which extends back over three-quarters of a century. They can be assured that, whatever its present vicissitudes, Guy's name on their CV remains a cachet which will stand them in good stead throughout their working life. I still feel it inexpressibly sad and incomprehensively foolish that this excellent school should be sacrificed, and that these students will not, in their turn, be succeeded by more freshers, but will instead experience the school's progressive atrophy until in September 1991 they will be the sole survivors.

What of these vicissitudes? My reading of the Gazette and the national press, my hearing of the teachers and clinical staff, my occasional sight of the Park and its surroundings all combine to disturb the spirit of gentle nostalgia which is apt to befog the senses of those (dear) departed such as I. It is no comfort to know that the travails of the School of Physiotherapy are but part of a general turmoil, no consolation that the management of clinical physiotherapy may experience a parallel fragmentation and a disruption of its sound career-development structure. Seen from Somerset, frankly it looks a mess, and one can only hope that enough matching pieces will remain to be picked up so that a viable entity can be reconstructed at the end of it all.

It cannot be easy to be a student while all this goes on. I realise that most will be, sensibly, more concerned with their own survival and success than with the broader issues concerning their surroundings, but it is inevitable that they will be sensitive to their teachers, a group that is bound to be distracted and unsettled. Whether this year's Part II results can be in any way attributable to this instability I cannot say, but I feel great sympathy with those faced with repeat examinations who must wait until October's end to know their outcome.

It is hard to believe that I have been away for over a year, and that I will not know personally any of this year's new students. My green wellies and my wheelbarrow have worked hard to persuade the indigenous bushes, nettles and dandelions at least to share their territory with a few flowers and vegetables. They will be given some part-time relief this next academic year, as I am replacing a Bath teacher on maternity leave, and so will need to study this newest Guy's-born edition of Gray.

In conclusion, it is nice to be back in the Gazette and to be able to wish all of you success and a happy, or at least acceptable, emergence from the troubled state you presently experience.

Ronald Cooper

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Sport and Societies

Cricket Club

The most prominent memory for me of the 1989 season must be one of disappointment. Guy's simply failed to play enough cricket. By the end of the preclinical summer term the 1st XI had played only 12 matches. The major reason for this was of course the weather, although transport strikes and cup match rescheduling also contributed to match cancellations.

The abundance of early season rain resulted in the normally hard and fast wickets at Honor Oak Park slowing down and offering much more assistance to the bowlers. This helps to explain why the batting performances by the team this year were disappointing although there were individual successes by Guy Selmon, Jon Hare, Aslam Sohaib, Saf Ghauri and myself.

In contrast, the bowling throughout the season was of a high standard, especially when the team was defending a small total. Julian Thompson, in his first season for Guy's, showed true pace and accuracy, especially against the London Hospital when he took 6 wickets for 12 runs. Iqbal Maliq, Saf Ghauri, Guy Selmon, Sanjay Gautana and Steve Lewis also bowled well with Nishan Dixit, another Fresher, and Stuart Millar adding the element of spin to the attack. Unfortunately, the general standard of fielding left a lot to be desired and if next season is to be more successful then this will have to be improved. Mike Goodwin established himself as the best wicket keeper and showed great improvement throughout the season in both keeping and batting.

The hopes of the team for UH Cup success were shattered after defeat by the combined UCM/Middlesex side by the narrowest margin — the scores being level, the game was decided on run-rate after 20 overs. However, next year we will be even more determined to win this elusive trophy.

Finally, I would like to thank most sincerely Jon Hare (vice-captain and fixtures secretary) and Sanjay Gautana (treasurer) for their valuable advice and assistance throughout the season. I am sure the Club would not have run so smoothly without their help. I would also like to thank all those who turned up to play for the side this year (some at very short notice), Eric and Joyce Dann for maintaining HOP in such good conditions and our new President, John Rees.

Season record: Played 12, Won 5, Lost 5, Drawn 2.

Best Performances

Batting:	Henry Taylor	83
	Guy Selmon	55
	Jon Hare	53
Bowling:	Henry Taylor	9 for 27
	Julian Thompson	6 for 12
	Iqbal Maliq	6 for 24
	Saf Ghauri	5 for 39
	Guy Selmon	5 for 29
	Sanjay Gautana	4 for 11

Henry Taylor

Guy's Hospital Curry Club

Sadly this year organization in the club has been lax, and a lack of clear leadership meant that members were not sure when or where to meet. However, despite early setbacks, a mid-season run of two or three months of consecutive curries brought the club back to its international status.

Membership on the whole was low, but a committed group of about five met each Thursday for some serious competition, and managed to retain the prestigious 'Chapati Bowl' against spirited opposition.

This year's awards went to some of the more colourful members of our club. They are detailed below:

Bhajee Prize for most promising newcomer	Dave Werring
Massala Scholarship for dedication	Huw Morris
Tandoori Prize for stamina	Michael Batley

We look forward to the next season, when we hope to see an influx of new members. Our AGM is to be held on Thursday 12 October, when potential new members should meet in Guy's Bar at about 9 pm.

As this is our first *Gazette* report we would like to point out that this is a serious organization, dedicated to the furtherance of the social, political and culinary role of curry in Lewisham and North Southwark. A tour is planned for the New Year to widen our horizons. We may even venture north of the river.

M J Veysey
King Prawn

Guy's Rugby Football Club

The future of Guy's RFC — the oldest rugby football club in the world — is looking good. Thirty members took part in the recent two-week tour of Canada, which was highly successful. Guy's won four of the five games played. The tour was an appropriate finale to a very successful season. Many of the existing squad have indicated their availability for next season, which augurs well for a strong team next year.

Fortunately, the concern shown by some of the older Guy's supporters and players about the reorganization of Guy's and St Thomas's rugby clubs has turned out to be unfounded. Indeed, the changes will strengthen Guy's rugby. St Thomas's has now withdrawn from its Saturday league fixtures, and has agreed to allow its players, if selected, to play for Guy's. UMDS rugby will take place only for selected Wednesday games, and not for the Hospitals' Cup.

As Guy's now has four sides regularly competing on Saturdays, it wishes to extend a warm invitation to all current players at St Thomas's, as well as future entrants to UMDS, to join Guy's RFC. This will not only reinforce the playing and social aspects of the club but also ensure that the oldest rugby club in the world is able to survive for many years to come.

I look forward to seeing you next season.

Neil Davies, Captain
(*Home phone:* 232 1273)

Canada Tour 1989

After months of anticipation, the RFC tour of Canada got under way early in July. With hope in heart and beer vouchers in pocket, the thirty-strong tour party assembled at Boland House, excited at the prospect of spending two weeks as ambassadors for English rugby and Guy's Hospital.

First stop was St John's, Newfoundland. None of the team had visited the island province before. All we knew was that Newfoundlanders were all cod fisherman and the butt of Canadian jokes. We found a well-built (men and women) people living in an isolated community. We also found in our hosts, the imaginatively named Dogs RFC, some exceptionally friendly and hospitable people.

After a day for acclimatization and softball (the sport), we were hurled

into the cauldron of fiercely competitive rugby with three matches on consecutive days. The first two of these games, against the province's B and A sides, were memorable for the referee's rudimentary knowledge and lack of control, and for the opposition's physical size and aggression.

The Newfoundland B game was hard, with the referee forgetting the offside law. Frequent infringements turned into frequent battles. Guy's forwards contained their immense adversaries, won considerable possession, and enabled Graham Bevan, using the law of averages, to catch a ball and score. The lead changed hands several times with neither side more than one score ahead. In the final minutes, with Guy's three points to the good, Newfoundland elected not to kick an easy penalty, but to run it for victory. This strange and unsuccessful decision helped Guy's start the tour with a win at 15–12.

If the B team were hard, the next day was harder. It was like coming through your bout with Frank Bruno only to meet Mike Tyson. The referee was a little better, but seemed disinclined to control the game. After three nights of bars open till 4 am and a game the previous evening, a Guy's side showing only one change had a tough battle against the best side Newfoundland could produce. The only light relief as Guy's fought to a 9–22 defeat was Russian emigre Richard 'Bertsky' Bowskill showing the crowd the vodka and borscht he had collected the night before.

The third game promised to be a more enjoyable affair, as Guy's were to meet the team's hosts, the Dogs. Skipper Wayne Llewellyn gave several players their first game of the tour and, in a clean and entertaining match, Guy's won 17–16. Tries came from Grahem Meharg, Greg Ryan and Jeremy Worth, with a touchdown of a more gastric kind by Paul 'give it a good' Chew.

That evening, our last in Newfoundland, was one of the best of the tour. The Dogs treated us to a vast barbecue and we drank heartily; we had discovered that by drinking the local beer quickly, it didn't turn warm and disgusting. Judge Hangin' Hogan, who had been given a special award by the Dogs for propping against a man-planet called Block in all three matches, presided over the first court session. The accused were fearful of the cheeky, chirpy prosecutor, Tony Wilson, but gave up any hope of acquittal on realizing their defence would be conducted by the despotic Charlie Beardmore. Mike Seare ran a naked 400 m and Bowskill had the three second cod's gills for unspeakable and unprintable crimes. The squad was 'screeched in' to became honourary Newfoundlanders all and the evening passed blissfully in beer and Welsh voices raised in song.

The squad scattered to all quarters of St John's — some not managing to get home to their billets. Unfortunately this meant that the organizer, 'Uncle' Bill Hogan, couldn't hold everyone's hand on the way to the airport. The result was that two of the younger members made the flight only because it had been delayed. Phugh!

Next stop Montreal. Bill had shrewdly predicted that after five heavy nights, we would be ready to rest and relax before our next match two days hence. He had therefore selected a hotel slap in the middle of Montreal's main bar and nightclub street. At least we didn't have to walk very far.

Some Guy's men broke free to go sightseeing. Others, led by the redoubtable Beardmore, went down the pub. Local flavour was added by Geraint Thomason's young cousin, a

lean 6′ 8″ and 19 stone. After a night blundering around a number of night-spots, he was pleased to give the Guy's party the advice that of an evening, red blooded males could either get drunk or get laid, but never both. This set Meharg, Jamie Barwell and Huw Davies a-thinking.

On a hot, sunny day, Guy's took on local side, Beaconsfield. The game was fairly contested, with the Guy's backs running the abundant possession won at most of the scrums and lineouts, where Thomason stunned friends and relatives with his leaping dominance. During the game, Wayne deployed a series of super-subs, including gangling lock Nigel 'Kolin' White, blistering Bob Dyer and tour photographer, Mick 'the Click' Martin. Guy's ran out winners 41–17 through tries by Richard Docker (2), Andy Hall (2), Neil Davies, Graham Bevan and Phil Rosell. A swim, a barbecue and back to the bars.

And off to the nation's capital to appear in the Ottawa Indians' Summer Tournament. Guy's was the only foreign club invited to play, and we aroused considerable interest in the natives, particularly when we arrived on a sweltering day dressed in jackets and ties. So that's why they're called blazers. (*Play on words, please note — Ed.*)

The day before the tournament, Bill had arranged for us to go White Water Rafting, presumably in an attempt to prune the squad. Obviously, the forwards' raft sat so low in the water that no one was ever going to fall out. The backs weren't so lucky. At the first rapid, they lost Alan Jones, Paul Scanlan, Jeremy Worth and Phil Rosell. Jeremy was rescued, Scans hurled his concealed hosepipe on board and was winched in and they didn't dare leave Al behind. As the hearty fellows paddled off down river someone realized that Phil had been left behind — they must have missed his humourous anecdotes.

In the tournament, Guy's were to play three group matches with the top two sides in each of the two groups going through to the semi-finals. We were confident of beating Beaconsfield (again), but both the Ottawa Blues and the Ottawa Indians were regular qualifiers — it wasn't going to be easy. We couldn't have asked for a better start when Guy's pulled out all the stops to beat the Blues 12–0, with 8 points from Wayne and a try from Graham Bevan.

Then came the funniest joke of tour. Two nights previously, when socializing with the Indians, we had recounted our battles in Newfoundland. The Indians abhorred the violent side of the game, and enjoyed open, running rugby, they said. Our 15-minute each way match with them was probably the most intensely violent most of us have ever been in. The Indians scored a soft try and held their lead to the end. The referee, whose appearance suggested he was on a sabbatical from his chair in very difficult physics, had no control of the debacle. During the game, Guy's lost the two second rows Thomason, with a broken hand, and Beardmore, who subsequently ended his tour injuring an ankle when bailing out of his fighter plane somewhere over the grandstand.

A reshaped side then whipped Beaconsfield 22–6, with Neil, Pat Gush and Jeremy Worth scoring the tries in an easy if laboured victory. The second biggest laugh then came when the Blues beat the Indians with a big enough margin for the Blues and us to qualify, so ending the Indians' involvement in their own tournament.

The following day a tired and hung-over Guy's side never got going in the semi-final with Ottawa Irish, losing 28–3 (well, it was 10 am) and the Irish went on to beat the Blues in the

final. The crowd seemed more intrested in our songs and frolics than watching the final, but then we were the star guests.

Last stop Oshawa. Sandwiched between days out in Toronto (the CN Tower was good, wasn't it Tony) and Niagara Falls (home of front row ash-trays), was the last match of tour, against Oshawa Vikings. Guy's were confident and, thanks to a strong forward performance and despite the backs, Guy's won 14–6 with tries by full-back Huw Davies and full-back Pat Gush.

Throughout the tour the Guy's Hospital party had aroused considerable interest in the local media. Guy's was featured in the press on over ten occasions, with the Guy's position in rugby history reported with widely varying degrees of accuracy. The Canadians were impressed by the club's age and standing. An Oshawa paper was moved to report the local result as 'Vikings 6 — England 14'. This belies the contribution of Ross Llewellyn and the other seven Guy's Taffs (not to mention Bill and Grahem).

A noteable feature of this game was the presence on the sidelines of two Guy's alumni, one resplendent in gold and navy striped Guy's blazer complete with wire badge. Mr R A Gill, MD, FRCS and Dr A Halam-Andres, qualified in dentistry and medicine, were both at Guy's during the period 1935 to 1940/41 and moved out to Canada several years ago. They helped make our last evening a memorable one.

The Vikings, who were kind enough to billet us, treated the team to a barbecue and we had awards, songs and Hangin' Hogan's second assize (Paul Chew's case took about two seconds). The main award was for player of the tour and, despite a number of excellent performances from several players, the award could only go to Greg Ryan, who had been consistently outstanding in every game he played.

The two ex-Guy's gentlemen had joined us for the evening and we presented them with club ties. When Mr Gill came to make his speech thanking us for his tie we could barely believe it as he removed his obviously treasured blazer and presented it to the club. There were even tears in Charlie Pugh's eyes and we all felt humbled by this generosity. Guy's Hospital RFC sends our very best wishes to the two gentlemen.

A few last minute encounters with the opposite sex clinched victory for the forwards in the 'score' score at 18–13, which just shows that charm starts in the front-row.

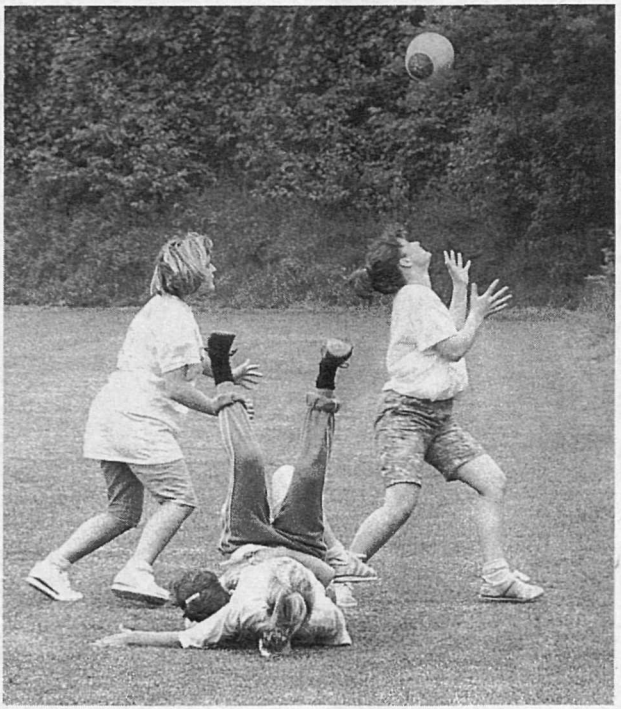
It felt like two months rather than two weeks, but that was it — the tour was over. Twenty-eight boarded the flight home (Beardmore and Chew hadn't finished) satisfied with a tour that was both a social and sporting success. Several people put time and effort into organizing the trip, but our thanks must go first and foremost to the tour secretary who made it all happen. Great tour, Bill.

Tour party

W Llewellyn (*Capt*), N Davies (*V Capt*), W Hogan (*Tour Sec*), G Thomason, C Beardmore, P Chew, P Scanlan, G Meharg, M Martin, C Pugh, P Davies, A Mistlin, N White, G Ryan, R Llewellyn, M Seare, R Bowskill, J Barwell, P Fresher, J Fresher, R Docker, P Gush, A Hall, G Bevan, H Davies, P Rosell, R Dyer, J Worth, A Wilson, A Jones.

Geraint Thomason
PR Officer, GHRFC
W: 784-6299
H: 582-4852

Learning the ropes. Action from the Summer Festival Women's Rugby competition captured on film by Ron Simon.



BOAT CLUB

Kingston Amateur Regatta 8 July 1989

We travelled to the Kingston Sprint Regatta determined to rectify the bad memories we had at the head race there in March. For the uninitiated, a head race involves competitors setting off from the start at short intervals, and then racing over a fixed course of about three or four miles. A crew's time determines its overall position. These races are held traditionally between January and March, as a prelude to the summer regatta season, when crews race side by side over a shorter course. Kingston is such a regatta held over a sprint course of 500 m. It was a good regatta to finish the year with after Henley and the bumps.

Guy's entered four divisions. In the men's novice coxed fours, Guy's raced Twickenham RC in a thrilling, eventful encounter that had some people on the edge of their seats. Guy's won by half a length after some masterful coxing. We were then beaten by University College, London in the semi-final.

The ladies' novice coxed four reached the semi-final before being knocked out by Kingston RC, who went on to win.

In the men's senior II coxless four we had a straight final against Walbrook RC. A strategic adjustment of the steering position from bow to number three proved our downfall. As a result, we steered a rather novel route over the course, rowing twice the distance but twice as fast as Walbrook to lose by half a length.

The day finished on a good note, however, with the men's senior II coxless pair winning a pot each by beating Molesey RC by $1\frac{1}{2}$ lengths.

Competitors: Charlie Peebles, Matt Butcher, Alan Whelan, John Crossman, Dave Pullan, Dave Quick, Andy Williams, Julian Howell, Ellie Makings, Clare Bates, May Yeung, Caroline Killick.

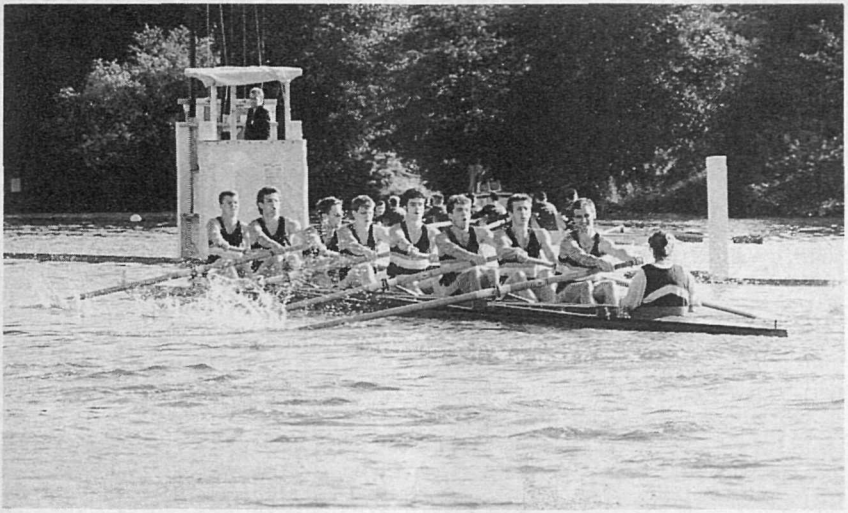
ADW

Henley Royal Regatta 1989

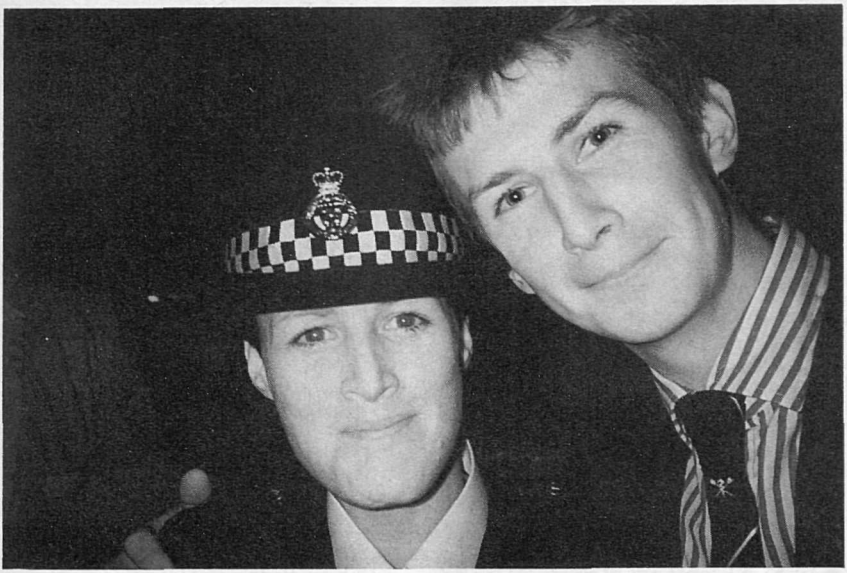
Henley conjurs up different ideas in different people's minds. A minority think of it as just a quaint town west of London, some think automatically of picnic hampers, Pimms, blazers and Laura Ashley dresses, but some people realize a river flows through the centre of this quaint town. Upon the river obssessional gentlemen race each other once a year. The event is Henley Royal Regatta (HRR), to many oarsmen their Mecca, to others a stepping stone to the Olympics or World Championship. This year was the sesquicentenary (150th anniversary) and, as expected, it attracted record entries.

On 26 February a group of ten rowers and one cox from Guy's and St Thomas's convened with the intent of sending an eight to Henley. A preliminary plan was formulated with our coaches Derek Drury and Donald Legget to integrate both land based training and outings on the water. A core VIII was formed in mid-April, and through regular outings five or six times a week the team spirit within the boat grew strong.

We entered a series of races to prepare for Marlow and ultimately Henley. Races at Hammersmith, Putney Town, Chiswick Amateur and Dockland's regattas produced two wins at senior III then senior II level. From early June certain members of the crew foreswore all alcohol in a selfless gesture. This obviously had some effect as the outings began to gel and our last race on the Tideway before moving upstream to Henley brought a victory at Barnes and Mortlake Regatta.



Above: **The UMDS eight pass the quarter-mile signal.** *Below:* **Captain David Quick** (*left*) **meets his double.**



At Marlow Regatta, the prelude to HRR ten days later, many crews were on show in their final build-up. Marlow is a mini-Henley, crammed into a single day's racing. It has its own enclosures, grandstand, funfair and knee-length flowery skirts. Despite losing to Radley College in the heat we gained good experience and a taste of the standard to expect at Henley.

We moved up to Henley on Monday 19 June, nine days before the regatta was due to begin. Being the

sesquicentenary a record number of 480 crews had entered the 14 different events. Obviously not all these crews could race over the five days, and so there was a series of qualifying races on the Friday before the regatta actually began. We had entered the Thames Challenge Cup for university, college and club eights. Out of the 76 entries, 38 qualified automatically (19 overseas crews and 19 'selected' British crews) which left 38 crews fighting for the remaining ten places. Thoughts of the actual regatta had to be put to the back of our minds, in order to focus on the Friday race.

On the Monday we moved into residence five miles outside Henley. The house belonged to Dr James Mayter and his family and throughout our stay there they fed us, listened to each of our life stories and even patched the occassional pair of trousers! There is no doubt that without their kind and generous hospitality and carbohydrate loading we could not have prepared for each day's rowing.

On starting outings that week there was so much to take in, especially for the four of us who had never rowed at Henley before. It was a strange feeling rowing on still (non-tidal) water within the booms (wooden lane markers). The cold showers afterwards were another novelty! Each day more marquees appeared, and the number of crews on and off the water increased. The ubiquitous American crews never seemed to stop. Whereas our emphasis was on sharpening up for the race, they seemed to slog up and down the course for hours on end. We had two outings a day, and by the Friday we had consolidated all we had learnt.

The qualifying races all took place on the Friday. Each was rowed over the full course (1 mile 550 yards). Each crew set off twenty seconds after the previous one and in our event the fastest ten crews of the 38 over the course would qualify. As we were rowing under the name of United Hospitals, London we were to set off as the penultimate crew. Just as we were into our warm-up on the way to the start disaster struck. The stretcher (the bar each pair of shoes are attached to) of our number 4 suddenly sheared. Calmly our cox hurried us around and we headed back to the boat tents, further confusing our already bemused band of supporters. With fears of disqualification foremost in our minds we managed to borrow a stretcher from the Princeton crew and were allowed to row fifteen minutes after everyone else. This wasn't the best way to prepare for a race and I'll never forget rowing to the start past all the other crews finishing. However, during the warm-up there was an incredible feeling in everyone of having somthing to prove. We were all fired up and had to row the race of our lives. With no other crews around us to gauge our progress we had to rely largely on our stroke for his judgement of pace and cox for her vocal encouragement. One hour after we finished we were to learn that we had qualified for the 150th Henley in 6 minutes 35 seconds.

That evening a few celebratory wee drams were had but by Saturday morning we were concentrating on the race ahead, whoever we were to draw.

By the Monday all of Henley had come alive from its 51 week slumber. In the town, boaters had been retrieved from storage, the population had tripled and the traffic wardens were getting through five Bic pens a day! In the boat tents the Russians had landed as well as most of the media world, none of whom wanted to talk to us strangely enough. By then we knew we had a bye on the Wednesday to row either Georgetown, USA or Brooks School, USA on the Thursday. With an extra

day's training possible we focused on improving our starts — a vital aspect of competition with the nippy American crews. None of the fancy hats on the first day of Henley could protect their owners from the pouring rain. Georgetown beat Brooks, so we had to race Georgetown, USA, a rather unknown quantity but reputed to be fast off the start and very neat. We had drawn the Bucks Station but did not pay attention to the statistic that since the war 51.11% of all races had been won on the Berks Station.

Our race was at 6.30 pm on the Thursday which meant a long wait at the house for most of the day. I remember waking to grey skies and rain but by late afternoon the clouds had cleared and good conditions prevailed. The day was spent relaxing, trying to keep occupied and not thinking of the race too much. While some members of the crew discovered what medical text books are for, others dozed and I learnt how to play draughts!

We arrived at the boat tents at 4.00 pm in an optimistic frame of mind, and sat around watching Wimbledon in the TV room. We could hear the commentary on the races being broadcast to the enclosures. In the changing area the mood ranged from elation to despair, with winners, losers and those preparing to race creating an incredible atmosphere. In everyone there was an underlying feeling of respect for each other no matter what had happened or lay ahead. It was similar in many ways to the scene in Chariots of Fire where the sprinters are preparing for the Olympic 100 m final.

Around 5.45 pm we had a final talk with the coaches: all optimism and positive thoughts. A short warm-up then we carried the boat to the water's edge. In the boat enclosure track-suits and all-in-one lycra outfits of the previous few days had been replaced by the blazers, boaters, dresses and cameras of well-wishers. Leaving the pontoons we had to make our way carefully through finishing crews and pleasure boats. We had to try to isolate ourselves from the activity around us as we rowed to the start, but we were aware of the music and laughter and shouting of the spectators in the enclosures on both sides of the river. Beyond Temple 1 stand (the start) the shouts of the spectators were replaced by the commands of the various coxes in boats preparing to race. Each crew member had tunnel vision — no crew watched another.

We were called to the start at 6.30 pm and guided onto our stakeboats, Georgetown on the Berks Station nearest the crowds, we on the Bucks station next to the island. There was a slight cross wind which meant bow and I had to keep correcting our position. It was at this point, as everything was quiet, that I realized my legs were shaking slightly and my mouth had gone dry. The umpire started us and the tension evaporated. The Americans got a very fast start and by the end of the island (100 metres) were slightly up on us. We started to get back at them and rowed through them until they put in a burn which regained their lead. At the first signal ($\frac{1}{4}$ mile) they had half a length on us. Despite valiant efforts we could not match their initial higher rating and by the mile signal they had increased their lead to 2 lengths. Approaching the enclosures the muffled commentary and cheers became louder and the occupants of the small boats tied to the booms on our left joined in. With 150 metres to go we tried finally to reduce their lead but crossed the line $2\frac{1}{2}$ lengths down, seven seconds behind their time of 6 minutes 38 seconds. My arms and legs refused to have anything to do with my brain as we rowed into the boat tents. Words of conso-

lation fell on deaf ears for the first hour or two after the race. 'We'd rowed ourselves out' was something a journalist told our coach and they were the only words we could appreciate at the time. It was disappointing to be out but we had qualified from the largest ever entry and raced over the famous Henley course.

Being a spectator over the following days had it's moments. There were some superb races including an awesome row (excuse the pun) from the East Germans in the Grand to break 6 minutes for the first time. The University of London beat Ridley College, Canada in our event and then there was the historic re-race between Nottinghamshire County Rowing Association and Harvard University. The Henley campaign was over for 1989 but we had our commemerative medals, some good memories and it was time to get the Pimms out and mix it with the Laura Ashley dresses!

AW

Crew: Colin Steinlechner, Dave Quick, Dave Pullan, Julian Howell, Justin Rogers, Paul Molyneux, Andy Williams, Ralph Drury.

Reserves: Charlie Peebles, Jamie Rose.

Cox: Pippa Smith

PARACHUTE CLUB

If the thought of aiming yourself at the ground from a great height appeals to you then either you have just failed your first year exams or you are a candidate for the parachute club or even both.

The parachute club has now been running for about 5 years and welcomes anyone who wishes to make a parachute jump. We are one of the most active clubs at Guy's, jumping most weekends that the weather permits and regularly competing in various competitions. The high points of this year were the student national championship, in which two members of the club were in the winning RW team, and the breaking of the national student canopy stacking record by club members. But enough of the back-patting — how do you start?

Each year we usually run two first-jump courses, the first of these usually taking place 2–3 weeks after Fresher's Week. The course runs over a weekend and entails both lectures and practical sessions covering safety, canopy handling, landings, exits, and reserve drills. Following satisfactory completion of the course, and weather permitting, you do your first jump on the Sunday of the weekend. The courses are taught by a British Parachuting Association approved instructor.

How much does it cost? The price has not yet been fixed, but we are trying to arrange it for about £45.

Where do you go from there? After your first jump if you wish to carry on we will be only too happy to help you through the progression system. This entails about 20–30 jumps from gradually increasing height, and then various exercises until you are judged competent to jump with other people in freefall, which is where the real fun starts. You then start to learn how to fly and join up with other people in freefall and hopefully we can then get you involved in competitions. Some of the club members have gone even further and are learning how to canopy stack and we are hoping to start competing in competitions in the near future.

Where can you get more information? We will be setting up a stall at the Fresher's Fair, so feel free to come and talk to us, or failing this you can contact us via our pigeon hole in Boland House or on the following numbers.

Roger 407 3649
Adrian 252 1945
Sue 232 1238

One-way ticket—pushing off with the Parachute Club

MOUNTAINEERING CLUB

We have had a good year of mountaineering, even having sunny weather for our annual May 'Barbeque Trip'. Memorable also is the slug-eating competition which took place on that trip!

We have managed to have roughly one trip a month. The year started with the Freshers' trip, which wasn't as well attended as in the past, but was enjoyed by all who went. There was also the usual New Year trip to the Cairngorms, where the tour stalwarts [Beard, Mikey, Dave and Emma] stayed in tents, drank scotch to keep warm, got blown over in winds of 120 miles/hour and swore at the lack of ice to climb. Spring sprang, and the annual dinner meet took place at the Tyn-y-coed. Having removed the stains of the last snowflake from the DJ, there was much eating, drinking and general student behaviour. The manager even said we could return next year. The following week the GHMC held an AGM. Last year's committee, Mike Gillham (Chairperson), Dave Alderson (Secretary) and Maneesh Patel (Treasurer) stepped down; to be replaced by Emma Ross (Chairperson), Ian Mercer (Secretary) and Tal Jacobson (Treasurer). Thanks very much to the outgoing committee who have done a great job, without complaint (well not much anyway!)

Since then we have had trips to the Lake District, the hut in Wales and the Gower in S. Wales where we had some very enjoyable climbing. We have also had a gear buy at 'Cotswold Camping' in Shepherd's Bush, which proved to be very popular. There were loads of bargains, eg a 65 litre Karrimor rucsac for £65 (normally around £85). So, if you need any gear — not necessarily for climbing (for interailing for example), please contact any of us, and we'll tell you how to get to the shop and arrange a discount.

The next trip will be the Freshers Trip, so if you've been thinking about coming mountaineering for the last five years, do come, there will be flat walks as well as uphill ones!

Emma Ross

RIFLE CLUB

Unbeknown to many at Guy's our rifle club has for the past 6 years been winning fame, if not fortune, in the shooting world. This season finished with us retaining the Hospitals Cup (we've only lost it once in the past 6 years) with both our teams clearly ahead of the nearest competitor, the London Hospital, whose A team finished on 349.

We hope this successful run will not come to an end as the nucleus of good shots now leaves Guy's. We have plenty of support and expert coaching from old Guys men, many of whom are or have been shooting for GB teams.

As another new intake arrives we hope that there will be some new Guy's people to ensure the Hospitals Cup remains in its rightful home.

SH

Hospitals Cup A Team:

Smallwood	102
Horner	98
Lennane	97
McKeith	93

Coach: Pilcher

Hospital Information

Dental House Surgeons

The following recommendations have been made to the Director of Dental Services for appointment of dental house surgeons for the period from 1 August 1989 to 31 January 1990.

Resident including General Duties for

Mr Bret Day	Miss W C O'Keefe
Mr O'Driscoll	J R Gallagher
Mr Gibb	A J Whitehead
Mr Haskell	J Collyer

Non-resident including General Duties for

Oral Immunology	J A G Buchanan
Oral Medicine, Pathology & Microbiology	Miss K P Jamnadas
Conservative Dental Surgery 25	M S O Lee
26	Miss H Martin
Orthodontics & Dentistry for Children	Miss N F Redpath
	Miss D P Patel
Prosthetic Dentistry	Miss M H Ahluwalia
	M A Lunn
Periodontology & Preventive Dentistry	Miss S M Walker

Rotating appointments with conservative Dental Surgery & Oral Surgery

Rotation No 1	Miss J H Barham
2	Miss A E Dunscombe
3	J P Taylor
4	S V J Small

BIRTHS

SCOTT. On 28 July 1989, a son (Samuel Oliver) to Maggie (nee Wunch) and John, and a grandson to George and Brenda.

LOVE Simon & Julia. Would like to announce the birth of their son, Samuel Richard, born on 24 June 1989 in British Military Hospital, Hong Kong. A brother to Sara and first great-grandson for Dr F H Stevenson.

CHANGE OF ADDRESS

JACKSON, Sir Ralph, to Cherry Trees, 15 Ball Road, Pewsey, Wiltshire SN9 5BL. Tel: 0672 62042.

MALLESON, Montagu and Angela Mary, to 18b Bow Brickhill Road, Woburn Sands, Bucks. MK17 8QE.

SHELLEY, D C, to Castle Dore, Tywardreath, Par, Cornwall PL24 2UA.

WATSON, Michael, Sally and Charles, to De Bois Hall, Harwich Road, Ardleigh, Colchester, Essex CO7 7PH. Tel 0206 231425.

JOBS

WANTED. TOLWORTH, SURREY. Part time dental associate, leading to full time. Friendly mixed practice. Percentage remuneration. Newly qualified welcome. Telephone 01-399 1526 during office hours or 337 9650 after 8 pm.

GUY'S HOSPITAL GAZETTE

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Nursing Correspondent Denis Cobell
Office Manager Margaret Flanders

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

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Passim

As the preclinical medical students begin to get used to a fully integrated existence, dividing their time between St Thomas's and Guy's, a new problem with the merger is beginning to emerge — how on earth are the secretaries of clubs and societies in UMDS supposed to get in touch with their members? It has always been difficult to keep track of clinical students, who may be away on peripheral attachments at any one of a number of institutions, but nowadays you need an abacus and several bottles of diazepam to work out where to find a preclinical student on any given day (see *Gazette* Brain Teaser in this issue). This would not have mattered a few months ago, when there was an efficient message system in operation in Boland House, and mail used to be allocated to pigeon holes alphabetically, but sadly both of these practices have now ceased. It must now be an extremely challenging task to have to try to contact, say, fifteen people to arrange a rugby match. What effect these difficulties have upon the running of UMDS clubs remains to be seen.

Problems of communication, however, are not the only ones facing Boland House. It is hard to escape the notion that the place is degenerating with every day that passes. The foyer seems to become increasingly untidy, the Spit is daily a less and less congenial place to meet (if you can get in before the ever-earlier closing time), and the aftermath of each hop or inflam seems more sordid than the last. In the early part of the summer there was talk of a badly needed refurbishment for the bar, but sadly the opportunity for this to take place has now passed, so for another year we shall have to continue to guess what colour the dirty-brown paint on the walls was when first it was applied.

It seems a shame that a hospital that prides itself on the innovative management of its clinical services should have such poor facilities for its future medical staff. Can we hope that they might improve one day?

Wartime Guy's

We should like to thank all those readers who answered the request in a recent issue for memoirs and photographs of Guy's during the second world war. The material we have received is being collated into an article which will appear in our next issue.

In this issue

Our correspondence this month expresses concern about the state of the Spit and the potential sale of Honor Oak Park, while both the commercial services manager and the district dietician spring to the defence of A Piece of Cake, the bakery at Guy's which has been attacked for selling unhealthy foods.

In this month's features, Ben Stanhope and Henry Taylor make it through their third freshers' week, giving us a blow-by-blow account of the more significant events, while art correspondent Clare Walford finds much to please the eye at the recent autumn exhibition of the 407 Art Club (soon to be renamed the 955 Art Club?).

This month's *Gazette* Brain Teaser highlights the considerable problems of curriculum planning in the new, fully integrated UMDS, and SHO Paula Richards contributes a poem inspired by the Phase III building work bedevilling the Guy's site.

Correspondence

Better than the average cake

Dear Sir

The dietitians at Guy's Hospital have been intrigued by the amount of correspondence and articles which the new A Piece of Cake bakery has generated in the last *Guy's Gazette*. As several of these letters and articles refer to the dietitians, we feel that we should reply.

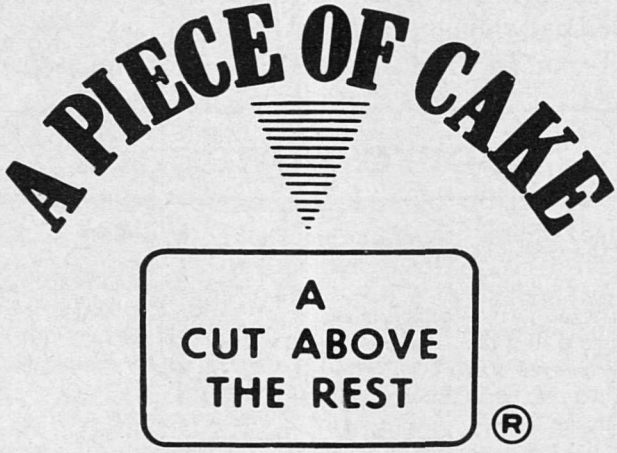
As there obviously *is* an interest in nutrition among hospital staff, we do not wish to 'teach our grandmother to suck eggs' (sorry, not allowed to eat eggs anymore, we forgot!) but thought we should give our views.

Good nutrition is based on variety of food choice. No foods are bad or forbidden although some provide a better selection of vitamins and nutrients than others. Food such as cream cakes and pastries can be eaten occasionally as part of a healthy diet. Other lines sold in the bakery such as scones, teacakes, sandwiches and bread will be a much better snack choice than the chocolate bars, which were the only thing previously available round the corner.

The bakery has a good selection of high fibre bread and rolls, which we would encourage. Having said this, we are aware that the emphasis is seen to be on the luxury products like creamy cakes, and we are working with the bakery to look at a wider choice of lines to sell, including carrot cake, wholewheat fruit cake and others. The bakery will also be producing some information on ingredients and so on, for customers. In particular, we must reply to the comments about the position of the bakery next to the Dietetic Department (No-one's ever suggested Smith's shouldn't be there!).

GUY'S HOSPITAL PROFITS

From



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Dietitians educate patients on a wide range of therapeutic diets, including some, like renal patients who are positively encouraged to eat high energy foods like those sold next door! Our aim is to teach our patients to manage their *own* diets once they leave us. They are taught to understand the importance of keeping to their diet and the effects if they *choose* not to. If they *choose* to eat any foods, including cakes, not suitable for their particular condition, it is their own responsibility (and our failure!), and they will do this whether the shop is around the corner from us, or around the corner from their home.

The health authority has a district nutrition policy which aims to provide advice on a healthy diet. The whole issue of income generation, which seems to be necessary in the current economic climate, forces us to question what is and is not, appropriate. It has been agreed that future developments will ensure that they consider the authority's health promotion policies.

We are delighted at the interest shown in nutrition and health, but must not lose sight of the element of choice, as long as people are well informed of its effects. Most of all food is to be enjoyed.

We would be very happy to talk to anyone planning any initiatives with a food, catering or nutrition element. Please get in touch.

Yours faithfully

KAREN J SORENSEN
District Dietitian
on behalf of the
Nutrition & Dietetic Department

Dear Sir

Having just arrived at Guy's and being one of the people responsible for income generation, I feel obliged to answer some of the misconceptions featured in the August edition concerning the opening of A Piece of Cake.

I see a rather smart retail bakery in place of an old building. The development could have been one of many businesses, but in this case a young baker from Sussex has put at risk a considerable amount of his money in a speculative, relatively short-term project and precious little thanks has he received for his efforts; even the hospitality (at his expense) associated with the opening has been criticised.

On the question of healthy eating, bread is high in fibre and I have been assured by the A Piece of Cake management that their manufacturing processes use polyunsaturated fats, sunflower oil and multi-grain flour and contain only natural colourings. The fact is the bakery offers a wide choice to suit all tastes in a free market, where you don't have to buy the cream cakes which incidentally have a reduced fat content.

As an Eccles cake addict myself, I do agree with Gourmand that the present product is too sweet. I can therefore assure your readers that this very serious fault is being rectified, as will any other constructive comments the customers choose to make.

The location of the district dietitians office in relation to the shop is irrelevant, but I can confirm that Mr Ray Butcher, managing director of A Piece of Cake is anxious to promote healthy eating policies, and also that the district dietitian is assisting in this matter.

It is clearly very easy to jibe at new initiatives but the alternative is to do nothing. The fact is neither the hospital nor its charities have enough money to support all demands and additional revenue is being raised or saved by the income generation initiative. Outsiders are bringing in new ideas and, more important, money. If they offend both the

traditionalists and radical elements, it may be they have pleased the silent majority, but I would hope they are given some credit for their efforts which are not solely motivated by the sound of cash registers. In this case, a project was conceived and brought to a rapid conclusion with the minimum of cost to the hospital and is now earning some additional revenue for us. From the queues in the shop, it is clearly meeting a need.

Yours faithfully

K F WOLLASTON
Commercial Manager
Tabard House

Friends' secretary

Dear Sir

I am writing to introduce myself to readers of the *Gazette*. My name is Pat Hutton and I have recently been appointed as secretary to The Friends of Guy's Hospital. Some *Gazette* readers may remember me as a previous manager of the *Gazette* office for many happy years when my name was Pat Poulter.

I am sure you know that The Friends of Guy's is a registered charity which provides amenities for patients and staff at Guy's, medical and surgical equipment, medical research grants and improvement grants. All of these benefit patients, staff and visiting relatives.

The Friends' office is now on the ground floor of the nurses' home where I should be only too pleased to help with information on what the Friends can do to assist. Should you require any information about membership of the Friends please contact me on 01 955 5000 extension 5460 or 01 407 1058.

Yours faithfully

PAT HUTTON
Secretary
Friends of Guy's Hospital

An old chestnut

Dear Sir

During the past few weeks it has been drawn to my attention that standards in the Spit are not what they were. The service with a smile that we were so well accustomed to, now ceases to exist; instead it's bad luck if you want a cup of tea at 3 pm when the drinks machine has been switched off, or at 4 pm when you come gasping from the wards only to find the doors shut and bolted. Even when I do manage a cup of tea I seem unable to locate those buns, doughnuts and scones that used to be in such abundance. Recently I have discovered some cholesterol-filled cakes that seem to be cast off from 'A Piece of Cake'. Is this evidence of a cartel in operation?

In addition I feel it only right to complain about the lack of food. Come five past one there are no sandwiches to be seen, and minutes later the hot food has disappeared. There is also a lack of chocolate. And all this comes when prices in the Spit have risen steeply. Coffee and tea are ridiculously priced, and it's 14 pence for some tomato ketchup and 20 pence for a pear. Do I really need to take a mortgage out to afford lunch?

I suppose the only positive side to all this is that it might drive those nasty UMDS freshers away to the annex up river.

Yours faithfully

AMANDA RACHET
Boland House

Security problems

Dear Sir

What is wrong with medical school security? Since the departure from Boland House of Mr John McDowell, the friendly and well-liked porter who always seemed to have the interests of students and residents uppermost in his mind, the standard of the portering service in Boland House has

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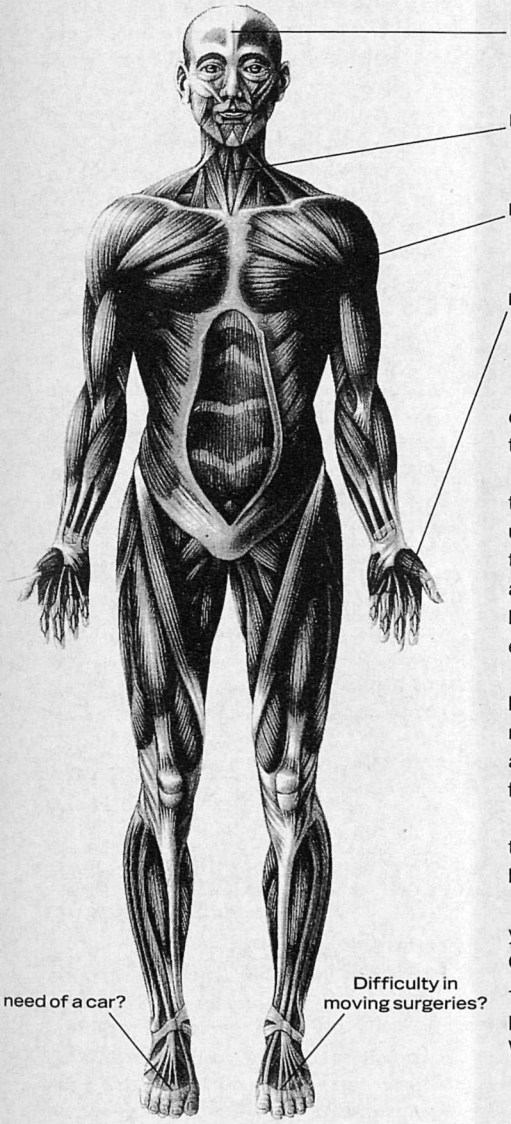

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plummetted. I have found letters to the captain of the boat club in the 'C' pigeon hole, the system for leaving messages for other students has completely degenerated, and I learn that hundreds of pounds worth of new furniture have wriggled out from under the locked doors of the bar and made a successful bid for freedom.

All this comes on top of the difficulty which genuine users have in gaining access to the Pavyditz gymnasium (see *Gazettes* passim), where the coded doorlock has recently been nominated for the Erich Honecker Prize.

Is there any hope that we might one day get a security guard who is friendly, honest and has a passing knowledge of the English alphabet? We can but hope.

Yours faithfully

JEREMY CRANSHAW
Boland House

Cheap labour?

Dear Sir

We were surprised to note in the last *Gazette* that Ms Sandra Carnell ('Phase III: A Holy Grail') considers house officers '...a stock of cheap labour'. As you reported recently, Dr King of the British Postgraduate Medical Federation is considering withdrawal of university recognition for house officer posts at Guy's precisely because the hospital wastes the time of its house staff on non-medical tasks and fails to provide a proper clinical education.

We hope that Ms Carnell is not typical of her fellow managers at Guy's: if she is, then the 'stock of cheap labour' may soon be transferred to a hospital which takes seriously its educational responsibilities.

Yours faithfully

THOMAS H S DENT
JONATHAN H GILLARD

Wolfson House blues

Dear Sir

Would someone be so kind as to explain the current Wolfson House residential policy. In the good old days, rooms went to clinical students, with priority given to final year students. This seemed to work perfectly well, and one would bide one's time as a preclinical student in alternative accommodation.

Apparently, new policy dictates that first and final year students have priority. Even at face value, this seems a little odd. Having first years—intent on enjoying their new-found freedom (as they should), together with final years (intent on working), is a recipe for disaster. Surely final year students should receive top priority? Living in Wolfson is particularly convenient especially when one is on call or one wants to make the most of the Library. After the medical school has spent up to six years training us, it would make sense to make housing simple in the final year. However it seems that there are many final year students desperate for Wolfson rooms, while first year and even second and third year students are getting them. Somebody explain please!

Yours faithfully

SANJAY GAUTAMA
Boland House

No hope for HOP?

Dear Sir

There seem to be rumours around Guy's of a sale of Honor Oak Park. We, as the cricket club committee, would like to bring this matter into the open, and look forward to some reassurance from the medical school as to the future of Honor Oak Park.

We would also like to clarify the issue of who actually owns Honor Oak Park, and what are the conditions of

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sale/development? In our view, short-term financial rewards would not in any way compensate for the loss of the well equipped, local, traditional and very beautiful Guy's sports ground.

Yours faithfully

JOHN HARE
SANJAY GAUTAMA
HENRY TAYLOR
Cricket Club Committee

Gray areas

Dear Sir

If the 37th Gray is the 'best ever to appear' (*Guy's Gazette*, April 1989) please could it be explained how, when I turned to every tenth page and selected a reference at random, of the 118 pages where I found references, 21 of them could not be found in the bibliography?

Yours faithfully

GUY S M MOORE MA PhD
Tykesditch
36 Oakridge Avenue
Radlett
Herts WD7 8ER

Fusion first for Guy's Man

Dear Sir

I have been an avid reader of the *Gazette* ever since I qualified LDS (Hons) from Guy's many years ago, and feel that it is the only place to publish the preliminary report of my recent discovery. I have discovered that nuclear fusion can be achieved at room temperature using dental amalgam.

Cindy, my nurse-cum-factotum, erroneously prepared the mouthwash for a recent surgery with heavy water. Imagine my surprise when my first patient swooshed it around his mouth and produced a literally glowing smile. I have repeated this experiment several times and the result is always the same — an initial glow, followed by a yelp as the dental nerves are fried. The full benefits of my discovery are incalculable, each one of us may be carrying around in our mouth enough amalgam to heat and light our own homes. . . no more red reminders from you-know-who. This could also open up a new era in dentistry, with a resurgence in amalgam work.

Unfortunately, I have had a little difficulty getting my work recognized for what it is by the scientific establishment, and hope that initial publication in a prestigious journal such as yours will ease my discovery into the public eye. I would be happy to give any details of my work to other bona-fide scientists.

Yours faithfully

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News in Brief

edited by Aman Coonar

Will Honor Oak Park be sold?

Rumours abound once more about the possible sale of Guy's sports ground at Honor Oak Park. Fears that HOP could be under threat have heightened following the arrival at Guy's — sorry, UMDS — of the first intake of Freshers who will owe no allegiance to either campus. It is argued that the facilities at Cobham, the sports ground which was previously owned by St Thomas's Hospital Medical School, will be seen by UMDS as sufficient to cater for the needs of all its students.

Honor Oak Park does not wholly belong to Guy's — about 40% of the money to purchase it in the first place was provided by the University Grants Committee. The value of the site is also difficult to assess, although rumours that the medical school is seeking advice from Lady Porter about pricing the sale are thought to be exaggerated.

When the *Gazette* sought more information on the potential sale, a medical school spokesman said, 'There are no short-term or medium-term plans to sell Honor Oak Park, but the council of governors has set up a special sub-committee to look into the rationalization of sports facilities within UMDS.' The vital question for Guy's sports fans, of course, is 'how long is a medium term?'

Private medicine at Guy's

The Nuffield House refurbishment is well under way, with an aim 'to provide up-to-date private facilities on the Guy's site'. Since its closure, brought about by the huge fall in demand for its services, caused by its very dilapadated condition and the opening of London Bridge Hospital, Guy's has been accumulating a debt of about £800,000 per annum. The regional health authority has not been prepared to increase Guy's funding by this amount, which would be necessary to maintain NHS services on the site at the current level.

Nuffield, it is planned, will re-open in April 1990. Its facilities will include 42 beds, a 2-bed ITU, a 2-bed high dependency unit, 2 theatres, 3 outpatient consulting rooms, an X-ray room and associated business offices.

Although Nuffield will be managed by a team of three from United Medical Enterprises, a share of the profits will come back to Guy's.

The Tower Suite, a private patients' wing in the Tower, is recently reported to be making a profit of £30,000 per month. Credit card facilities have been introduced.

Proposed new gymnasium at Guy's

The Dunhill Trust has donated £100,000 for the development of a new gymnasium and fitness centre at Guy's. A possible location for the new gym is in the basement of Shepherd's House. The gym will be primarily for the use of staff at Guy's, although associate membership will also be made available to staff from local companies.

Perestroika at dean's office brings glasnost

The Buzz, launched in September, is a small journal, which aims to disseminate information of interest to all members of the school staff. Students can get copies from the medical school office.

Major revelations which it includes are that Guy's and St Thomas's medical schools will no longer have separate deans, but instead a common principal, and from the 1 October 1989 he will be Professor I R Cameron, The deans and sub-deans are as follows:

Preclinical Dean	Dr J H Thomas
Clinical Dean	Professor C Chantler
Dean of the Dental School	Professor A H R Rowe
Dean of the Institute of Dermatology	Professor M W Greaves
Postgraduate Dean	Dr B H Hicks
Sub-Dean of the Dental School	Professor F P Ashley
Postgraduate Sub-Dean (Medical)	Dr C Stern
Postgraduate Sub-Dean (Dental)	Professor W J B Houston
Sub-Dean for the Medway District	Dr R H Jones
Sub-Dean for Lewisham Hospital	Dr P J Rees

The principal will spend part of the week at Guy's, however all appointments to see him should be made through his secretary at St Thomas's, Miss Catherine Hudson-Williams (01 928 9292, x2546).

Professor Chantler and Dr Thomas will share an office on each campus, and will spend time at both sites. Appointments to see Professor Chantler should be made with Mrs Joanna Hoffman at Guy's (x4222), and to see Dr Thomas with his secretary at St Thomas's (x3834).

Council of governors

A new and slightly smaller council of governors has been formed, and Lord Butterfield has been elected Chairman of the Council for three years. Lord Butterfield was previously Regius Professor of Physic at Cambridge University, Vice-Chancellor of Cambridge University, Master of Downing College, Cambridge, Vice-Chancellor of Nottingham University, Professor of Medicine at Guy's and a member of the UGC Medical Sub-Committee.

Fears for medical training

Prof Dillwyn Williams, the chairman of the conference of the royal colleges, told the BMA national conference on opted-out hospitals in London, that details of training were sadly lacking in the NHS White Paper. There are no concrete proposals for maintaining, supervising or developing postgraduate, or indeed undergraduate medical training in this review. He argued that 'there is a very grave danger that market forces will lead self-governing hospitals to concentrate on more profitable lines and to drop unprofitable lines. It has been suggested that medical training is likely to be a casualty'.

Government admits NHS 'market' may fail

For the first time, the government is admitting that the central plank of its NHS reforms — the creation of an internal market in medical services with competition between hospitals — could fail. The government says that 'it will not be able to rely on actual competition' to ensure that the proposed markets work effectively, and goes onto say that 'the conditions for an efficient market for long and short term contracts will often be lacking in the NHS'. This has been a consistent view held by the BMA in its stand against the NHS White Paper.

CRE response to the White Paper

Ethnic minority patients' needs are either ignored or omitted in proposals outlined in the White Paper, according to the Commission for Racial Equality. The CRE is concerned that far from 'putting patients first', the White Paper fails to acknowledge ethnic minority patients' rights to appropriate health care. Those communities which experience a high incidence of sickle cell anaemia, thalassaemia, coronary heart disease, diabetes, and hypertension, will receive no special provisions.

The CRE also recommends that medical audit and other review procedures check that services are provided to, and taken up by, all ethnic groups, and that membership of management bodies reflects the ethnic minority presence in the communities served.

If the White Paper 'Working for Patients' does become law its failure to make provision for ethnic minorities will make itself most clearly felt in inner city areas, including the Guy's District where most ethnic minorities live.

NHS ward closure

Patience ward has had to be closed due to a lack of funds. It closed in mid October, and may reopen in April 1990.

Health cuts

Health authorities look to be at risk of another round of bed closures, service cuts and deferred developments this winter, despite the fact that the year's financial settlement for the NHS originally looked generous. The south east Thames regional health authority faces a potential shortfall of £5 million. Districts in the region are already looking at deferring planned developments, extending Christmas ward closures and freezing staff appointments.

Gazette October issue

Readers will be aware that the *Gazette* appears ten times per year, that is, monthly with two missing months. This year the months omitted will have been January and October. Please do not therefore contact the *Gazette* office if you have not received an October *Gazette* — there wasn't one.

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New bleep policy

In order to reduce the pressure on house officers, the medical school has introduced a request for everyone:

(i) Not to Bleep house officers about *non-urgent* matters if they are likely to be on the ward or in the unit concerned within the next hour or two.

(ii) To have some policy within the ward or units as to *who* will use the bleep system and who will not, except in an emergency.

(iii) So that house officers do have time to continue their formal training, particularly in the lunch-time meetings, can bleeping, for anything other than absolute emergencies be avoided between *12 Midday–2.00 p.m., especially on Wednesdays.*

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Student medical education committee

SMEC elections are coming round again. If you are interested in representing the views of students in your year on the curriculum or facilities at UMDS, please collect a form from the medical school office at Guy's or the dean's office at St Thomas's, and get yourself proposed by two people from your year. Nominations are open from Monday 23 till Friday 27 October, and the elections will be held the next week, from Monday 30 October to Friday 3 November.

This month SMEC has been discussing library facilities and arrangements for students on take-in. In the library it has been suggested that we should have more access to the Medline computer based reference system, as well as to word processors and maybe a coffee room. As for take-in, it is felt that more facilities could be made available for students who have to be resident in the hospital over weekends.

SMEC always welcomes comments and suggestions from students. If you have any views about the way medical education works at Guy's please contact Chairman Dave Maudgil, or better still, get elected!

Dave Maudgil
Chairman

South Wales Guy's Hospital Society

The 38th dinner of the South Wales Guy's Hospital Society took place on Saturday 19 March at the Park Hotel, Cardiff. The committee and guests of honour had already enjoyed an excellent lunch and plenty of excitement watching the Wales vs England rugby match, the resulting victory to Wales ensuring most members arrived at the dinner in high spirits.

Before dining the retiring president, John Nicholas, handed over the chain of office to Dr Alan Phillips and installed him as president of the society for 1989–90. The usual high standard of cuisine was liberally washed down with wine and beer and a hearty rendering of the traditional 'Guy's patients never die'.

The president, Alan Phillips, then made his welcome speech to the official guests of honour — Prof 'Jack' Rowe, dean of the dental school, and Dr George Scott, representing the medical school.

Professor Rowe's speech included stories and news about our 'Alma Mater', albeit under the new name of UMDS. This had people reminiscing about the past and worrying about the future identity of the hospital. However, with his toast to the 'South Wales Society' it was felt that traditions would carry on for many years yet.

George Scott replied with a vote of thanks on behalf of the guests and passed on some amusing anecdotes of his life at Guy's, tinged with a touch of sadness when members learned that he had now retired from full-time medicine at Guy's.

The secretary presented both guests with society ties and followed up with the usual announcements and business matters. A surprise presentation was made to the secretary to mark his retirement from office after 11 years. It was announced that the new secretary would be Graham Davies — recently retired consultant surgeon at East Glamorgan Hospital — and that the president-elect was 'Nat' Howells, dental surgeon from Cardiff.

The evening wound up in the bar and around the piano as usual.

C E C Lewis
Secretary

Poll Tax

The poll tax will be enforced from the start of the next financial year which starts in April 1990. Students when registering must report their term-time address. The school is required to give to the Local Authority, lists of all students and their addresses. This will form a

Handing over the chain of office. ***Left:*** **John Nicholas.** ***Right:*** **Alan Phillips.**

system of checking that the poll tax information is correct and complete. Therefore, to avoid being 'bothered' by the CCRO (Community Charge Registration Office), it is important to check that the medical school has your term-time address, and that this matches the information with the CCRO.

Full-time students will only have to pay 20% of the poll tax applying in the area in which they live.

Guy's and St Thomas's united medical ethics group

The group is now up and running! We will hold our first meeting on 14 November 1989, at 6 pm in the Nevin Lecture Theatre, at St Thomas's Hospital. The subject of the symposium will be 'Neonatal intensive care: children's rights and parental responsibility'. The meeting will be chaired by Professor Lord McColl of Dulwich, who is director of surgery at Guy's Hospital. The speakers are Dr Graham Clayden, consultant paediatrician at St Thomas's; Dr Trudi Clift, recently an SHO in Neonatology, and now on sabbatical in order to take an MA in Philosophy; as well as a philosopher who, at the time of printing, is yet to be confirmed.

There will be plenty of opportunities for audience participation, and the meeting will end no later than 7.15 pm, and will be followed by a reception.

If you are interested in becoming involved in running this group please come along to this meeting.

If you are based at St Thomas's you can also contact Sam Negus via St Thomas's House, or at Guy's contact May Yeung or Aman Coonar via Boland House.

At St Thomas's all symposia will be held in the Nevin lecture theatre in the main hospital, and at Guy's in the anatomy theatre in the medical school.

Dates of symposia for 1989–1990

1989

Tuesday 14 November (St Thomas's Hospital)	**Neonatal intensive care:** children's rights and parental consent
1990	
Tuesday 30 January (Guy's Hospital)	**Aids:** private life and public policy
Tuesday 13 February (St Thomas's Hospital)	**Sexual preference:** the limits of acceptability
Tuesday 13 March (Guy's Hospital)	**The dying patient:** is terminal care adequate?
Tuesday 1 May (St Thomas's Hospital)	**Abortion:** What are the moral issues?
Tuesday 8 May (Guy's Hospital)	**Anencephalic babies:** a Godsend?

All symposia start at 6 pm and finish at 7.15 pm

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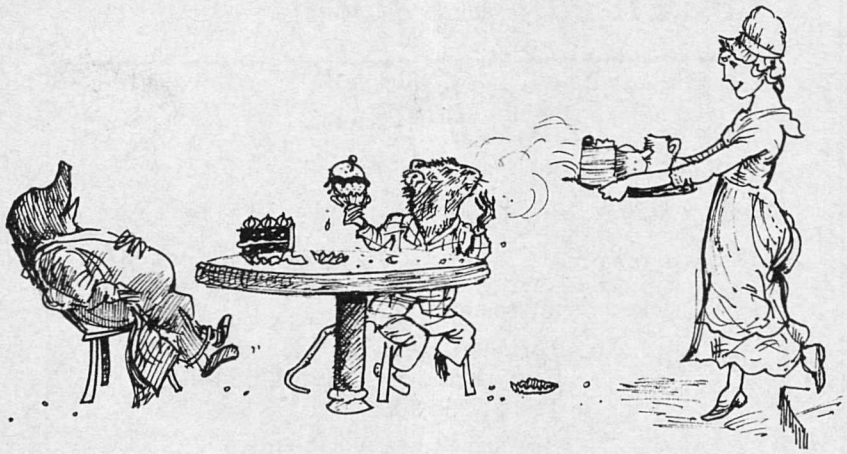
Dr Alfred Salter — an anniversary

Dr E M Rosser of the Alfred Salter Medical Centre has written to remind us that 1989 is the 100th anniversary of the entry to Guy's as a medical student of Dr Alfred Salter. Dr Salter became famous for his work in community health and social reform in Bermondsey and the Borough. He won a gold medal both in his medical finals, and later for his MD thesis, and was the MP for Bermondsey for a number of years.

Situation vacant

We would like to publish each month in the *Gazette* a calandar of the next couple of months' events — sporting, social, cultural and educational — and therefore would like to appoint a student listings coordinator. The successful applicant would need to have the enthusiasm necessary to winkle information out of the secretaries of most of the clubs and societies affiliated to the Clubs Union, as well as the medical school. Anyone keen to keep their finger on the pulse of Guy's events, and to provide a useful service to *Gazette* readers should contact the editor.



Ratty and Mole have been too busy trying out A Piece of Cake to contribute anything this month.

Gazette Christmas Cards

Gazette Christmas cards are now available. They portray the painting 'The Ship and Shovel' by Henslip Fletcher, which dates from 1912. They are printed in black and white and measure approximately 5½″ by 8½″.

The price is 35 pence per card, with a flat charge of 50 pence for postage and packing. Personal callers welcome at the Gazette office, Boland House.

Freshers' Week Revisited

by Ben Stanhope and Henry Taylor

Finally, the months of waiting were over. The extravagant preparations had come to their fruition. The regulars of *Chez George* hid behind their pints at the prospect of the arrival of 300 young, drunken frolicsters. . . but what was all the fuss about? The freshers were about as interesting as they are every year.

Thursday kicked off at St Thomas's. On Friday there was the obligatory chit-chat, including a most informative demonstration by Dr T Pallidum. We cannot understand how putting a banana in a condom keeps it any fresher. The pub crawl motto was, 'I'm drinking in every other pub, honest', but at least the young bloods were whipped at the Anchor as the old boys finished their boat race leaving the freshers some four pints behind.

It's hard to know what to say about the freshers' fair (*Don't bother, see photo—Ed.*) Lloyds Bank and the boat club went down. The rugby, football and hockey clubs didn't. Thanks to all those who helped clear up at the end.

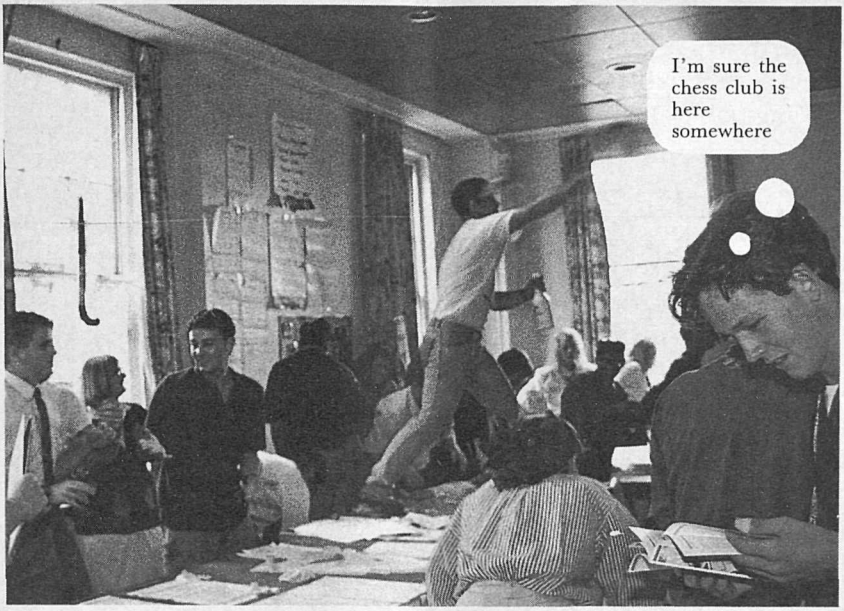
The Nat West cheese and wine party broke all records this year. For the first time ever, it was a Nat West employee, not a fresher, who had to be carried from the ballroom. This seemed a fitting prelude to the evening's hop, where your ears could bleed (heavy metal band), liver could pack up (cocktails in the reading room) and legs could give way (Inflam) all without leaving Boland House.

Saturday was at Cobham and Monday was at St Thomas's. On Tuesday we saw the arrival of the now customary hypnotist, and what a funny chap he was. Noteworthy was the thigh-slapping, where Georgie Siggers' shoe-removing, wind-breaking antics caused uproar. The Inflam later was augmented by a set from Fat and Frantic, who Henry says were good, but I was being too groovy at the time to notice. Freshers' trials at HOP on Wednesday were pretty much par for the course. A perfect opportunity for the freshers to show their sporting prowess, and for the old boys to show their drinking prowess.

Pugh was magnificent.

Roche was. . . mmmmmmm.

Selmon wants to complain about Peebles, who was fast but apparently high on spillage.



Below: the rugby club stand at the Freshers' Fair.

CANADIAN TOUR '89
D.D.D.DONT BELIEVE THE HYPE GUYS IS THE OLDEST RUGBY CLUB IN THE WORLD
IF YOU LIKE GIN SINGING, GOING ON TOUR, LOOKING DOWN GANGS, CAMELS
OR, AND RUGBY, THEN JOIN US
LADIES

Fatigue of systemic and hepatic origin was taking its toll by Thursday, as even free Guinness could not entice many freshers to the drinking tables and barn dance. And so freshers' week ended, the regulars satisfied, the freshers hopefully initiated.

Friday was at St Thomas's.

Probably the most memorable point about freshers' week for us was the, as yet, and perhaps forever, unanswered question: 'How many people did Steve Lewis kiss at HOP on Wednesday night?'

GAZETTE BRAIN TEASER

This month's *Gazette* brain teaser comes from the 1989 entrance paper for Cameron College, University of Guysbridge. It is reproduced with permission below. Entries should reach the Editor by Friday 24 November, and a £5 prize will be offered for the best answer. (Compiled by Anne N Caerphilly.)

UNIVERSITY OF GUYSBRIDGE
Cameron College

Part I Examination in Theoretical Logistics

Lucinda and Wayne are students at DUMS, a hypothetical medical school in London. Lucinda is a fresher, while Wayne, her college 'father', is in the second year. They have gained knowledge of one another, in the biblical sense, and are keen to pursue a mutual interest in lithography.

Reproduced below are the timetables for Lucinda on Mondays and for Wayne on Fridays. On Mondays Wayne is at Guy's, while on Fridays Lucinda is at St Thomas's. On all other days they are on opposite campuses. If Lucinda is in group B3 and Wayne in group A7, what is the maximum number of times they can meet during the course of a single term? How will this change if Wayne swops with his colleague Gary, who is in group A4, on alternate Fridays?

Hence or otherwise show that three simple amendments to the timetable would render any meetings between students in different years impossible.

Extra marks will be awarded for imaginative use of the 'flexible period', while any answer incorporating Venn diagrams or critical path analysis will make the examiners ecstatic.

Friday (2nd year students)

Guy's and St Thomas's

Groups	A1–4	(G)	9.00–10.00	Biochemistry Tut (wks 1,3,5,7)
Groups	A5–8	(G)	9.00–10.00	Pharmacology Tut (wks 1,3,5,7)
Groups	A5–8	(T)	9.00–10.00	Biochemistry Tut (wks 2,4,6,8)
Group	A	(G)	10.00–1.00	Biochemistry Pract (wks 1,3,5,7)
Group	A	(T)	10.00–1.00	Biochemistry Pract (wks 2,4,6,8)
Group	A		2.00–5.00	Clinical Session
Groups	B1–4	(T)	9.00–10.00	Biochemistry Tut (wks 1,3,5,7)
Groups	B5–8	(T)	9.00–10.00	Pharmacology Tut (wks 1,3,5,7)
Groups	B5–8	(G)	9.00–10.00	Biochemistry Tut (wks 2,4,6,8)
Group	B	(G)	10.00–1.00	Biochemistry Pract (wks 2,4,6,8)
Group	B	(T)	10.00–1.00	Biochemistry Pract (wks 1,3,5,7)
Group	B		2.00–5.00	Clinical Session

Monday (1st year students)

Guy's

Group	A	9.00–10.00	Biochemistry Tut (wks 1,3,5,7,9)
Groups	A1–4	11.00–12.00	Pharmacology Tut (wks 1,3,5,7,9)
Groups	A5–8	11.00–12.00	Statistics Tut (wks 1,3,5,7,9)
Groups	A1–4	12.00–1.00	Statistics Tut (wks 1,3,5,7,9)
Groups	A5–8	12.00–1.00	Pharmacology Tut (wks 1,3,5,7,9)
Group	A	2.00–5.00	Biochemistry Pract (wks 1,3,5,7,9)
Group	B	9.00–1.00	Flexible (wks 2,4,6,8)
Group	B	2.00–5.00	Biochemistry Pract (wks 2,4,6,8)

St. Thomas's

Group	B	9.00–10.00	Statistics Tut (wks 1,3,5,7,9)
Groups	B1–4	11.00–12.00	Biochemistry Tut (wks 1,3,5,7,9)
Groups	B5–8	11.00–12.00	Pharmacology Tut (wks 1,3,5,7,9)
Groups	B1–4	12.00–1.00	Pharmacology Tut (wks 1,3,5,7,9)
Groups	B5–8	12.00–1.00	Biochemistry Tut (wks 1,3,5,7,9)
Group	B	2.00–5.00	Biochemistry Pract (wks 1,3,5,7,9)
Group	A	9.00–1.00	Flexible (wks 2,4,6,8)
Group	A	2.00–5.00	Biochemistry Pract (wks 2,4,6,8)

For sale

Long established (32 years) leasehold, busy well-equipped, 2-surgery dental practice, near British Rail Station—20 minutes from Guy's and King's College Hospital. Accommodation and laboratory.
Gross £85,000. Price £55,000.

Ronald F Hall LDS RCS (England)
3 Station Rise (Tulse Hill Station)
West Norwood
LONDON SE27 9BW
Tel: 01-674-6028 (day) 01-671-8869 (evening)

407 Art Club Autumn Exhibition, 25–29 September

by Clare Walford

The 407 Art Club held another successful exhibition in the studio of Hunt's House at the end of September.

A total of eight artists exhibited varied material, which made interesting viewing. Each artist worked in a variety of media, some combining watercolours with inks, others painting in oils or acrylics or creating effects in pencil or in the form of a collage.

Both Terry Gibson and Roy Spector displayed work in watercolours showing contrasting styles. Terry Gibson painted mostly landscapes, depicting scenes in places such as France, Italy and Greece. He combined inks with watercolours which gave definition to the subject in scenes of a more subtle nature.

Roy Spector used soft pastel colours in scenes also painted from abroad in watercolours. The house in Penang and the French clock tower looked particularly effective painted in abstract pinks and

Below: **A watercolour by Terry Gibson**

greens — a refreshing change since most painters reserve the use of abstract colours for imaginary scenes.

There was an almost impressionist air to William Mann's paintings. He effectively combined the use of strong colours with bold brushwork giving a texture and prominence to his paintings.

Natasha Crowcroft exhibited two line illustrations of figures in inks that were surprisingly effective despite their simplicity. They were well drawn with a great feeling of movement in each of the figures. She also painted a particularly eye-catching face of an abstract nature worked in primary colours.

Matteo Adinolfi created much interest among the viewers with his collages composed from magazine cuttings. Some viewers finding them more interpretable than others. I particularly liked the way ideas and impressions were reflected in his abstract designs. Adinolfi's pictures certainly stood out amongst the more conventional material in the exhibition.

Graham Smith exhibited two reproduction drawings. Although they were copies they had been well drawn, maximizing the use of light and shade.

Water was the theme of two of Maggie Bickers' paintings. Using acrylics she produced an abstract quality to the sea and its reflections, which, coupled with the use of colour gave emphasis to the subject.

Chris Mallinson, however, rendered the subject matter in his paintings without resorting to details. He paid careful attention to light and tone, producing two excellent watercolours.

The exhibition was enjoyable and well attended. It was encouraging to see an increased number of staff and students exhibiting. Another exhibition is planned for after Christmas, and any potential exhibitors should contact Dr Terry Gibson, Department of Rheumatology, on extension 5522, Graham Smith, dental student or Clare Walford, medical student.

407 Club Winter Exhibition

This will be held in mid-January 1990. If you have any pictures, cartoons, drawings, pottery, sculpture or collages to exhibit, please contact: Dr Terry Gibson, Dept of Rheumatology, extn. 5522, or Clare Walford, medical student, or Graham Smith, dental student.

Poetry Corner

THE CANGO CHORUS

The cangoes' spit,
and the compressors'
drum.
The dumpers' flit,
and the traffic hum.

Peace in our time,
but peace from what?
The daily grime,
and the suburban rot?

What price we pay
for our riches and
wealth?
The relentless day,
Pollution or health?

Paula Richards

Book Reviews

Histopathology of disease. Jay H. Lefkowitch. £23.50. Churchill Livingstone

This attractive atlas is aimed at senior medical students, trainee histopathologists and postgraduate students studying for MRCP and FRCS.

Beginning with a charming historical review, the book works systematically through three chapters of general pathology and twelve chapters of systemic pathology. The section on general pathology serves as a good introduction to disease processes and the principles of pathobiology. In the systemic pathology section, each chapter is well set-out and begins with a clear, simple diagram of the system concerned and its major lesions.

The text is concise, but in places a certain level of background knowledge is assumed. The photomicrographs vary enormously in quality and colour. The liver section is reasonably well illustrated, but some of the photomicrographs in the haematopathology section are taken at a low magnification which is insufficient to demonstrate cellular detail. An attribute of this atlas, lacking in many others, is the use of well placed labels, with leaders that are easily traced between the label and the structure.

The atlas is easy to read, but at £23.50 I do not feel that it is an essential requirement for a medical student's bookshelf.

Amanda Woods
Department of Histopathology

Understanding medical immunology. Second edition. Evelyne Kirkwood and Catriona Lewis. Pp 179. John Wiley and Sons.

The authors have updated their book on immunology, which is not to be read by immunologists but by nursing and laboratory staff who are expected to study the subject in their training. It covers immunology in four sections: basic principles, clinical conditions involving immunological mechanisms, AIDS, and immunological investigations. Much of the information is portrayed in large diagrams that feature on almost every page of the book, and the text is kept to a minimum. A number of the diagrams are designed to be humorous and this may not appeal to everyone. The symbols used to represent the antibody structure of IgG are not consistent and may be a little misleading at times in some of the diagrams. The addition of a full chapter on AIDS is perhaps useful for all who might want to learn about this important disease but it gives very little immunological information, and is a little out of date on the use of T4 and T8 phenotypic markers of T cells instead of CD4 and CD8. Anyone wishing to acquire a basic understanding of immunology could read this book quickly and get a suitable introduction to the subject. It has certainly improved on the first edition and the authors should keep trying.

Dr. P. Shepherd

Physiotherapy Notes

The Autumn is conference time. The national news is replete with information from the various political party conferences. The heights and depths of discussion, altercation and sometimes agreement are endlessly reported.

Professional bodies also have their conferences at this time, and along with the superintendent physiotherapists and special interest groups, the Chartered Society of Physiotherapy held the first representatives conference in that well-chosen spa town of Harrogate.

This is the democratic age and the voice of the members via their stewards looks like the future pattern. Representatives from boards, branches and special interest groups were also in attendance. Physiotherapists will have to ensure that they are well informed and that their opinions are responsibly transmitted if they wish to take the opportunity, which has been offered to the members, of participation in the society's decision-making.

Physiotherapy students are now associate members of the society, and there is a student forum made up of two representatives

from each school. This body elects two students to sit on council. Of the six students who have held this responsible, important and interesting position two have been from Guy's. A Guy's student is at present on the council. This year's freshers, I hope, will take their places with students from other schools in being regular visitors to headquarters in Bedford Row and the new facilities for meeting and reading in Jockey's Fields. Freshers are not only being introduced to the Guy's campus, the intricacies of Shepherd's House, and the delicacy of perception related to physiotherapy via anatomy, physiology and kinesiology classes but, I hope, also to the changing face of the NHS, and of their newly chosen profession within it. I suggest they involve themselves in matters regarding the Chartered Society early in their training, so that their ideas and professional relationships can mature alongside their medical knowledge and practical skills.

The position of helpers in the profession was a topic of discussion at the conference. Debate was fierce, and I was surprised to hear that many physiotherapists rejected the need for a formal qualification. Helpers, I believe, have an important place. They cannot and should not make assessments, nor progress or change any plan of treatment without specific instruction by the physiotherapist, but they can work with patients practising the more routine therapy, and are invaluable where two people are necessary to carry out an effective and safe treatment. Hopefully Guy's students will learn to work with our helpers and enjoy and be thankful for the help they give us. Further considerations will continue to be debated as we move towards more formal acceptance of the importance of helpers and the possibilities of training for a vocational qualification. These ideas of formal training for support workers are being discussed with other professional groups.

Guy's had its own topic presented for discussion at Harrogate. That topic has been in the hearts of us all since region proclaimed that the school would close in 1992. The mooted topic, was that in the light of the Department of Health's request that an increased number of training places for physiotherapy be made available, The Chartered Society should oppose the closure of St Thomas's and Guy's schools of physiotherapy until the proposed 100 extra places had been provided in new schools.

The motion was passed unanimously. Many must delight in that sea of yellow voting cards which were lifted on high in support of our home school.

We await comment from the education committee of the Chartered Society of Physiotherapists to whom the resolution has been passed.

Should Guy's consider funding the school itself?

Diana Innocenti

Nursing Notes

Back to basics

Just as the seasons of climate roll past, so do those of economics; their effects on nurses and their pay are once more in the news.

A claim for over 12 per cent has been lodged by the staff side of the nurses' pay review body, with even greater rises requested for those at the bottom end of the scale. Certainly those who are on the lowest pay scales of nursing are very poorly paid. The latest earnings survey for the past financial year, issued by the Department of Employment, reveals an average weekly gross rate of pay for all adults in full-time employment at £239. No nurse below the higher reaches of 'F' grade even reaches this average! So auxillaries, student and enrolled nurses are definitely on the bread line.

Needless to say, the Department of Employment reports overall pay increases across the population outstrip inflation. But not for nurses, who received a rise below the level of inflation this year. If a nurse were lucky in the regrading scramble last year, her pay rise might have helped offset inflation over previous years. But unless pay keeps pace, then those nurses who are on a low rate suffer to a greater extent when inflation rises. This has happened on earlier occasions when there have been special enquiries into nurses' pay. A big rise was followed by a steady erosion over succeeding years, and nurses suffer yet again.

To add insult to injury, regional pay differentials may this year find nurses set against one another to an even greater degree than during the regrading exercise. This will truly merit the label 'degrading'.

Following close on the heels of the demand for the next rise in pay, comes the report from COHSE (the health care union) that over 40 per cent of student nurses are unlikely to practise after completing training. Why? Because the pay is inadequate.

What of the future? I hear some candidates seeking nursing employment at Guy's are anxious that an 'independent status' for the hospital may be to their disadvantage. Maybe they worry prematurely. But if these fears exist, it could adversely affect recruitment, and then the prospects for a high quality of patient care would not be good.

One final factor: the figures I quoted above for gross pay do not distinguish the gender of the employee. Most nurses are female; do I need to comment on which sex comes out on top in the national pay stakes?

The predicted lack of sufficient youngsters entering nursing in the future, may call for a wider distribution of the sexes amongst student nurses. If pay does not improve, the uneven distribution of pay between the sexes could render the quantity (let alone the quality) of nursing entrants totally inadequate. Guy's is no longer in a more privileged position than other hospitals. Indeed, London expenses may mean we are in an even worse situation than some provincial centres.

Denis Cobell

Obituaries

Lord Trafford of Falmer

It was with great sadness that his many friends learned of the untimely death of Lord Trafford, who qualified at Guy's in 1957, and went on to a distinguished career in medicine and politics.

Tony Trafford enjoyed his time at Guy's. He had wide interests, was an enthusiastic racing driver and, as a junior registrar, co-authored a residents' play. In 1960, he met and married the belle of her nursing year, Helen Chalk. Although he had many interests outside medicine, he still found time to win the Treasurer's gold medal and go on to achieve professional distinction and a Fulbright scholarship to the Johns Hopkins. While still a fairly new senior registrar, he applied for what he regarded as the ideal post of physician to the Royal Sussex County Hospital at Brighton. The appointments committee had thought of appointing a gastro-enterologist but were so captivated by Tony Trafford's vision of the role of Brighton in the health service of the future that they appointed him without more ado.

Tony Trafford's powers of persuasion took him into politics, and for a while he became Member of Parliament for the Wrekin. At the same time, he established and directed the renal department in Brighton, raised money for an extension to the department, and helped to develop the Sussex University centre for medical research. In 1984 he had the responsibility of coordinating the care of some of the victims of the Grand Hotel bombing. He was knighted in 1985 and became chairman of the council of Sussex University, senior pro-chancellor, and in 1987 became Baron Trafford of Falmer.

When the government's White Paper on the health service aroused the well argued criticisms of the House's own select committee, and of the medical royal colleges, he was the natural choice for the appointment of minster of state to the Department of Health. After a brief period in which he learned a minster's responsibilities (mainly, he said, by watching 'Yes, Minister') he set about to reconcile the decisions of government and the many strongly voiced criticisms which were put forward, not by way of polemic, but by practical people with both medical and administrative experience. His aim was to act as a conciliator, but it was while he was engaged in this exercise that he was taken ill and died. His loss will be felt far beyond the circle of his family and friends.

MHL

William Peter Gurassa MD FRCPsych MRCP 1924–1987

William Peter Gurassa, psychoanalyst and consultant child psychoanalyst, died on 25 February 1989 in his 66th year.

Born and educated in London, Peter Gurassa (or Gussie as he was affectionately known) studied medicine at Guy's. Soon to discover the world of psychoanalysis, Gussie went to the Maudsley where he pursued psychiatry alongside Erwin Stengel and S H Foulkes, who were to become his teacher and analyst respectively. From the Maudsley he moved to the Shanley, at that time a Mecca for psychoanalysis training, where he joined Tom Hayward. But his interests were to lie in child psychiatry, where his conscientious qualities, devotion to children and families and untiring support of staff, schoolteachers and judiciary was to project him far. He obtained the majority of his knowledge of child psychiatry from Anna Freud's clinic in Maresfield Gardens, and then went on to achieve his first consultant appointment as director of Redbridge CGC. As his clinic enlarged, so his reputation grew.

After some years at Redbridge Gussie started a Roman Catholic CGC in Ladbroke Grove, which was incorporated into the NHS after many difficulties.

Gussie was married to Nina. They had two boys, the younger of whom sadly died at the age of 14. He loved his work, and yet far from idealized psychoanalysts, remarking that they were not more insightful than they would be without their training.

In his later years he attended medical and psychoanalytic meetings regularly, but was never fond of public speaking. His great love and appreciation for his family produced a man with genuine understanding and empathy which were reflected in his work. As one of his analytic patients remarked, 'there is no greater achievement than the recreation of a damaged soul, and if I am typical of your other patients, how great indeed are your achievements.'

MBC

Sport and Societies

BOAT CLUB

The Boston Marathon, Sunday 18 September

It is interesting to observe how every year around September rowers at Guy's make themselves scarce. If it's not an additional week's holiday on Canvey Island, then it's a peripheral attachment in Brighton just happening to be on take the weekend of 18 September. A certain person even went into hiding in the Lake District for the entire preceding week. The lengths people go to try to avoid rowing 31 miles on a pleasant Sunday afternoon.

It was Boston Marathon time again. Guy's entered two men's eights in an event which involved setting off at one-minute intervals from the start at Lincoln and being timed over the course to the finish in Boston. The race was open to all classes of boats from sculls to eights.

The weekend began on Saturday, with the slow trek up to our evening's accommodation just outside Lincoln. We stayed with Fred Moorhouse, an ex-Guy's dentist and cox, who very kindly fed and housed us.

Following a hearty breakfast the next day, we set off for the start. Having rigged the boats we all began 'laying on the elastoplast' in an attempt to avoid excessive blisters.

With water bottles full of bananas and glucose tablets (*surely some mistake? — Ed*) in easy reach we boated and approached the start. The second eight went off twenty minutes before the first. The first eight had decided to pace themselves over the first part of the race, leading to a lock eight miles from the start. We struck a steady rating of 25, with a four-hour marathon as our goal. We were overtaken by one eight, but overtook two ourselves, in the first part of the course.

We were ten minutes slow in arriving at the lock, and so the pace picked up over the next seven miles, during which we had the first of three one-and-a-half-minute rests.

By putting in intervals of higher rating we had managed to pick up our intended schedule by the halfway mark. By this time we had passed the second eight.

At twenty-nine miles we were still just on target for a sub-four-hour time, when we entered a dead-straight seven-mile section of the river. Several crews were stopping or slowing badly, which held us up, but by upping the rating to 27 we made the last bridge before home (four and a half miles to go) still on time. To the sound of bursting blisters we gradually pulled past more and more people on the banks. In the final straight we kept upping the rating, shouted on by our nearly hoarse cox, and were stroking 34 when the finishing claxon mercifully sounded. Our time — three hours, fifty-nine minutes and fifty-six seconds.

The second eight bravely pulled home in four hours fifty-one minutes, having been impeded by a broken rigger. We settled down to compare blisters in good spirits, and even if the feeling now is 'never again', I'm sure we'll be entering teams for the Boston Marathon next year.

Andy Williams

1st VIII

Dave Pullan
Dave Quick
Andy Williams
Matt Butcher
Steve Pryke
Jamie Rose
Charlie Peebles
John Crossman
Cox: Sue Bunn

2nd VIII

Tim Spires
Alisdair 'Boston' Black
Martin Lunn
Simon Manara
Rob Pringle
Matt Smith
Julian Tang
Martin Secombe
Cox: Jane Wheeler

RUGBY CLUB

Guy's Hospital 1st XV 32 pts Osterley 20

This was an attractive performance from a Guy's first team capable of playing with great flair this season. Go and watch them: they play open, fifteen-man rugby. No coincidence that the most accomplished player is number fifteen therefore, but numbers six, seven, eight, nine, and ten are not far behind. They won by three goals, two tries and two penalty goals to two goals and two tries. A minor criticism would be a tendency to elaborate in midfield when simpler things are working. More importantly, the killer instinct was absent for long periods: we are the perennial good guys, and this will matter more in closer league games.

Wayne Llewellyn kicked an early penalty goal, and Guy's gave Osterley a six point gift with an interception try before a strong attacking position was established with a scrum near the touchline. Richard Docker ran blind from a controlled heel, selling a dummy to the winger before passing to Greg Ryan for an excellent touchdown that went unconverted. Soon afterwards, Neil Davies opened the opposition defence with a dummy scissors and gave the ball early to Jeremy Worth who showed good speed and strength to make the line. Wayne converted this, and added a penalty goal to push Guy's into a 16–6 lead. Osterley did mount an attack but were twice driven back by metres at the set scrums and conceded a penalty — at this psychologically important moment your correspondent predicted a fifty point rout but

Osterley were let off the hook, and came back to score a try from a tapped penalty and quick loose possession — no individual was at fault, there just didn't seem to be enough defenders.

Osterley were flattered to be in touch at half-time and began the second half with the conviction that they could steal the game. The next score though was a Guy's try with Neil Davies literally running rings around the Osterley midfield defence and giving the scoring pass to Al Jones who had overlapped. This try was converted, but soon afterwards Osterley were again allowed to score using their only tactic, which was to drive via the forwards, and give it to the scrum half to fall over the line.

The score that settled things came from a line-out won by Greg Ryan at the back. This was a consistent source of good possession and relied on powerful, accurate throwing from Alan Mistlin. Greg handed on to Wayne who made the running, and Neil Davies scored the try which he also converted. After this, a switch of the ball back to the forwards gave possession to Osterley, who scored their final try. Running it wide, soon afterwards, created an overlap for Pat Gush on the right wing who beat the full-back, with panache, to finish things.

Other Guy's players worthy of mention were: Andy Hall, who at full-back was strong in defence and attack; Charlie Beardmore, loud- and foul-mouthed, but completely committed in the second row; and Charlie Popplewell, who treated us to some familiar and extremely violent charges that are as dangerous for his own side as they are for the opposition. Welcome back Charlie, and well done Guy's.

Legless

Guy's Freshers' XV 4
Hampstead 4th XV 10

A full team, plus reserves, arrived for this game, bolstered by some not quite so fresh players, in appalling conditions at HOP. A promising start by Guy's was cut short against the run of play when a kick ahead bounced into the arms of a Hampstead player who duly scored.

Guy's fought back with a good break in the centre being stopped on the Hampstead line. The smaller Guy's pack maintained the position for several minutes until, in a moment of madness, Richard Dales fell over the line holding the ball, for which he was duly rewarded in the bar.

The game then settled into a battle between the Hampstead pack and Guy's faster threequarters. Hampstead had a good spell of pressure, which resulted in a pushover try despite brave defence by Guy's.

The second half saw the introduction of Kolin, Nick Rushman and Dom Norgate who managed to find his kit in time. With the new-look pack, we began to dominate the line-out, even if the quality of ball was not perfect. Fine tactical kicking kept us in the Hampstead half. Close to the final whistle we were unlucky not to score when a fine break by Max Headroom was finished by a less than perfect pass. A second passing lesson was provided by the mammary man a few minutes later, when a try looked imminent. Thanks to James Thallon for being referee.

Team

C Pugh, T Gibson, K Ivil, R Dales, A Bates, D Norgate, N Rushman, A Joseph, R Probert, S Helier, I Costello, M Henderson, S Russell, N White, M Veysey (Capt), P Rosell, J Hawker, M Lewis.

LADIES SQUASH CLUB

The ladies squash team has had a very successful year in 1989. The first team, consisting of Sue Ward (Captain), Karen Wichello, Liz Nichols and Carmel Slipper won the LULSL (London University Ladies' Squash League) cup and many congratulations should go to them for this impressive achievement and for playing a high standard of squash throughout the season.

The second team, Rebecca Lewis (Captain), Tanya Holden, Nicky Danes, May Yeung, Alison Miller and Alison Newman, has also had a good season. At the start of the season the seconds were bottom of the 2nd League but having improved consistently this year gaining promotion to the 1st league. We hope the UMDS teams will be as successful in the next year.

Finally many thanks must go to Sue Ward for being such an enthusiastic and efficient ladies captain for the last 2 years.

Rebecca Lewis

HOCKEY CLUB

Spirochaetes Tour 1989

Torbay Easter Hockey Festival

The minibus, the creature that was to effectively throw the Spirochaetes from their carefully laid plans, was picked up on Easter Bank Holiday Thursday, and despite a rather too close encounter with a larger vehicle, was delivered to the team's London hideaway. Here the various barrels of refreshment were loaded aboard and the tour was ready to begin.

On entering the Horseshoe Inn the captain was encouraged to see the beginnings of a top-class hockey side starting to assemble. The concept of a jacket and tie had been warmed to by all except Le Chapeau who seemed to have returned to the era of peace and poppy power, in addition, introducing the compact disc duke box to its sternest test to date.

As the hours passed and the social imbibing continued, further members of this elite band of men appeared and learnt that it pays to be there before the captain. The existence of a sweat box may well be a cause of grave concern to Mr L Evans (God Bless Him) as large amounts of money were rapidly accumulated.

At 3 pm, these highly tuned athletes, calling themselves 'the Spirochaetes', boarded their luxury minibus and with the team legal advisor unwisely entrenched in the hot seat their sights were set on Paignton. With unnerving haste we found ourselves on the embankment where the minibus was first to come to grief. Jessie, for reasons still only known to herself opened the side door into the path of a moving 20 ton truck and all could only watch aghast as the door buckled and the windows fell to the road. Armitage however reacted with admirable speed for a man with hypervolaemia to the tune of 10 pints and managed to peel the window frame from the road surface.

After hasty panel bashing that enabled the door to be fixed to the rest of the van we continued as far as Heston. It was here that the minibus lost all power. Crawling off the M4 at 15 mph the Irish Git managed to hit the kerb at the petrol station resulting in the explosion of one left front tyre. Slowly, but irrefutably the minibus was dying.

After some very expensive and lengthy repairs we set out again — but where was the Irish Pool? After several search parties had returned empty handed it was decided that he must have left for London (wise man!).

One hour later we were sitting on the hard shoulder ably demonstrating

festival' (*Torbay Evening News* 1988), equipped with the Spirochaetes coat of arms and recently acquired souvenirs, saluted the Mayor of Torbay as the festival was officially opened.

With lashings of Scrumpy Jack all round we set out for our first game against the Bluebottles. Following the official photos the Spirochaetes were armed with the latest in hockey sticks and unleashed onto the unsuspecting Bluebottles (though to be honest I think they did suspect something). Some superlative skills were demonstrated on the right wing, unfortunately exposing our weakness in defence on the left. Time after time they were denied by Le Chapeau apart from on seven occasions. Le Chapeau also saved a penalty flick, an awesome display of cat-like agility. It was this encouraging performance that started the Spirochaetes revival. A long corner was neatly picked up by the Captain on the edge of the D, and where the 'wackier element of the how not to play drinking games as once again the minibus had ground to a halt. The AA were called — a barrel of beer later they arrived, the cure — a quick spray with WD40 and we were off again. The petrol consumption then rose to 10 mpg and we continued to lose power every 20 minutes. At 4.00 am we limped into our Paignton HQ, the journey having been completed at an average of 20 mph.

Good Friday

We awakened to the devastating news that the astroturf pitch had not been completed and so once again the people of Devon were to be denied the exhibition of hockey skills that is synonymous with the Spirochaetes. A bottle of rum from the Captain's table managed to bring the players from the depths of despair, as well as some breakfast from a few other depths!

On to the opening ceremony

The Spirochaetes. ***Back row (L to R):*** **Fish, The Judge.** ***Middle row:*** **Big Drinker, Splaffer, Irish Git, Mead, The Virus, Le Chapeau, The Lager.** ***Front row:*** **The Captain, Armitage, Actor, Jessie.**

Arms the Spirochaetes exhibited great courage in negotiating the South West face of the railway embankment which seems to get worse every year. The new boys then showed their vast inexperience and Splatter showed how strange he can be by taking to the Channel — no washing on tour lads!

Saturday

Saturday morning was a Cointreau morning — how pleasant! Several cans of strong lager saw the side ready for battle again, this time against the Bullies. With the scintillating stickwork of the Thug and the marauding of Splatter, the Spirochaetes looked fearful. Another penalty flick saved by Le Chapeau failed to prevent a moral 0–3 draw. The Bullies then very kindly asked the Spirochaetes to join them for lunch but for some reason seemed to ignore us when we got to the pub — not very polite. A large variety of drinks were tested and it was concluded that they all did pretty much the same thing to everyone apart from the Virus who spent lunch crawling around on all fours kissing feet!

The afternoon game saw us pitted against a new side — the Haunchers. A close, well-contested game ensued. The pre-match warm up consisted primarily of avoiding being frozen by the contents of a now redundant CO_2 cylinder. Conceding an early goal, we were soon back on level terms. Two Mouths slotting in the equalizer. Another two goals conceded was more than the Irish Pool could tolerate. Picking the ball up on the halfway line, he wobbled (in more ways than one) down the inside right channel, scythed his way into the D and unleached an incredible shot past the stranded goalkeeper. (Read it again, it's true). For several seconds the ground fell silent — what had happened!? Sadly, another Haunches goal left the final score at a moral 2–4 victory for the Spirochaetes.

driving to the goal mouth he was to be savagely tackled by Jessie who managed to crack the ball past the astounded goalkeeper. The final score 1–7, a well earned moral victory. This game saw encouraging debut games for Mead, Virus and Big Drinker, but sadly we also saw the tragic injury of the Irish Git.

On to the 'pub that isn't called the London Inn' for refreshment. The pleasant ambience as the men quaffed their beer was shattered as Mead produced a fine finger spread that rivalled even Old Faithful. From the pubs to the Mecca of Paigpton — Victoria Park, to play the Quack. It was at this point that the Irish Pool reappeared whereupon it was suggested that he should stay overnight since commuting daily from London was going to prove expensive.

A sticky pitch prevented us from playing our open, fast-running style of hockey, however the talking of a good game, particularly by Armitage and Mead, enabled us to morally draw the game at 0–5. Another penalty flick saved by Le Chapeau — What!

Back at HQ we were pleased to witness the arrival of the Thug and Two Mouths. We were also greeted by the news that the tap on the Scrumpy Jack had been left on and that we had lost three-quarters of a barrel. The Judge was shattered and could only be cajoled to come to the Ship Inn with the promises that there would be more next year.

A public display of stained-glass window production by The Lager saw us leaving the Ship Inn fairly early and we found ourselves alongside the 71st Lancets in the Polsham Arms. With both sides in good voice the scene was set for Splatter to demonstrate the tri-condom nasopharyngeal procedure at the same time showing determination sadly only too often lacking on the hockey pitch. Jessie went to sleep. Leaving the Polsham

this was singularly unsuccessful. A better effort next year please.

On leaving the pub we were all delightfully surprised by The Judge who, from nowhere, produced more to drink — is this going to become a tradition? The Easter Day game saw us up against the Bats who had managed to put eleven goals past us last year. Eager for revenge the first few minutes were tense, but a sudden loss of form throughout the team saw us slump to 0–4 after only nine minutes. A rowsing talk from the Captain, aided by some astute umpiring saw the Spirochaetes up their game several notches to fight back to 1–14 at full time. There was a question as to whether Virus was offside when he scored though any queries were defily dealt with by The Judge.

There were two very important events associated with this game. Firstly, Virus and the ill-fated Minibus were painted a familiar shade of green by the Dragons, a team from St George's — revenge will be sweet. Secondly, and on a sad note, this game saw the only official complaint of the festival. This was, I'm glad to say, made by the Spirochaetes because for the first time in history we were there before the opposition who were late — this won't happen again.

The evening saw us briefly, very briefly, at the Old Manor Inn. A few cocktails, in addition to the arrival of Fish, resulted in the landlord offering to phone the local constabulary to see if they would like to join us. We then left for the Polsham Arms for the second time on tour (yes!, a pub that actually likes us) it was around this time that we lost Fish. The evening continued with a fine exhibition of *drinking games with all the frills*, including Armitage using a most vile chat-up line on some poor unsuspecting wench, the second half of which reads, 'It must be your feet then'.

The advent of Tyler was for the most part totally ignored. The evening entertainments saw the Captain and Fish (when allowed in) at the Mayor's cocktail party. Carefree conversation with the Mayor suddenly took an astonishing turn — the Mayor is a Guy's graduate!! An inner sanctum discussion was *immediately* held with the result that the Mayor was invited to be a Spirochaete and presented with his Spirochaete's tie.

The latter part of the evening saw the Spirochaetes as the guests of the 71st Lancers at their AGM. With Cole at the helm proceedings ran smoothly until Jessie questioned the judgement of Cole. Jessie took the floor and spoke at length of her friendship with Bally Boy and as she concluded her speech with a gesture of defiance, 'We will be triumphant,' her audience rose — Jessie then fell asleep, again! With the AGM drawing to a close the New Boys took the stage. Some cabaret from Virus, mouth watering actions from Mead and superlative singing by the Big Drinker saw them initiated.

Easter Sunday

With the cruelty known only to nature we awoke an hour earlier than scheduled since the clocks had gone forward! With the length and severity of the tour beginning to tell the team were looking somewhat bedraggled, however the glorious weather and the promise of a long session at the Wasserman's Arms soon had lagging spirits rising again. After a lengthy and scenic journey we arrived at our destination. The reason for the detours being that everyone thinks they know the way to the pub yet in fact no one actually does.

Due to the new licensing hours we were able to fully revamp our courage and attempt to seize 'the island' however due to surging torrents, very cold water and a much diminished island

The Mayor of Torbay proudly wears his Spirochaetes Tie. But why has the Captain got dirty knees?

Following years of Guy's tradition, the side was soon to be found in the local curry house. It was here that Fish was found trying to order a second meal using sign language and various noises due to an alcohol-induced palsy of the tenth cranial nerve. A promising game of bridge ensued (Armitage void in spoons) at one of the tables while at another Two Mouths fell asleep. The evening finished back at HQ after a long journey along the railway line—the track being used in a Hansel and Gretel style (i.e. we were lost).

Monday

At last — the final day. After the official meeting at which we were taken aside and invited to play in the festival eleven (we had to turn them down I'm afraid) we set off to play our final game of the festival. The game against the Desperates revealed how the excesses of the last few days had finally caught up with us. A sadly lacklustre performance from the Spirochaetes saw us 0–10 down after only 40 min at which stage, the opposition sensing a potential revival, left the ground — the result, a moral draw.

Monday lunchtime saw us toasting the end of the festival at the infamous Cider Bar. Big Drinker, now a fully fledged Spirochaete, saw his opportunity for fame. With the Virus acting as the pacemaker, Big Drinker had 25

festival in an attempt to tone up our fitness, as we strive to win the elusive Bill Stickler Cup.

Oh yes, the Actor turned up (I think).

Team

The Captain	Alan Whelan
Jessie	Dame Quick
Armitage	Ed Rytina
Fish	Fish
The Judge	Chris Pocock
Mead	Andy Mead
Big Drinker	Charles Peebles
The Virus	Zaheer Yousef
Irish Pool	Gavin Shannon
Irish Git	Dave Holland
The Lager	*Robin Russell*
Splatter	Phil Atherton
Two Mouths	Andy Jones
The Thug	Mark Scrivan
Actor	Tony Gardner
Tyler	Bob Tyler
Le Chapcan	Richard Capp

glasses of mead. I counted them all in, and I counted them all back out again. The rest of the team, inspired by this performance of immense stupidity, imbibed freely and only the lack of a game prevented us from not being able to field a side.

With pickled eggs and Castrol GTX flowing freely we merrily made our way to support the 71st Lancets in their afternoon game before a brief visit to a local off-licence saw us prepared for our triumphant journey home. The minibus still had its last card to play. As we sped up the M4 there was a loud ripping sound, followed by the departure from the roof of a very large tarpaulin. Hasty repairs saw us set to complete our journey home to the Horseshoe Inn in about a third of the time it took to get down.

All in all, a very successful tour, though next year we shall be in training isolation two weeks prior to the

Hospital Information

BIRTHS

BROUGHTON. On 17 August 1989, a son Rory Alexander to Gill (née Dorrington) and Liam, and brother to Amy.

EDE. On 20 September at St Thomas's Hospital to Celia (née Manson) and Roland, a son James Alexander Maurice.

DEATHS

BURNS. Stewart, MA, BM BCh, FFARCS, loving husband of Joan and father of Adrian and Anne died suddenly at home, 27 Riverbank Road, Ramsey, Isle of Man, on 27 August 1989. He qualified from Guy's in 1946 and was Consultant Anaesthetist, St Thomas's Hospital, London.

MITCHELL. On 24 August 1989 in Eastbourne, Ian Abercrombie Mennie Mitchell LDSRCS (Eng) Guy's 1936–1941 of Alfriston, Sussex after a long illness borne with great courage and patience. Much missed by his family and friends.

DAVIES. Margaret (Greta), on 14 September 1989 at Highgate Nursing Home, Chesterfield, Kent. Widow of Dr Daniel Oliver Davies.

WEDDINGS

MUIRY/MADAN (MBBS 1985). The marriage took place between David and Ira on the 5 August 1989 in Taunton, Somerset. Their present address is 'Ivy Croft', Great Rissington, Gloucestershire GL54 2LP.

GOLDEN WEDDING

On Saturday, 16 September, 1939, Edward Hammond, LDS, to Kathleen Arnott.

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GUY'S HOSPITAL GAZETTE

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The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

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Cover photo shows the Counting House ablaze, 16 April 1941. (Photo: Michael Palmer.)

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Passim

The last *Passim* of the 1980s. It ought, surely, to be possible to find something significant to say about the decade at Guy's that has just passed, and the one that is about to begin. But in practice, of course, the New Year falls in the middle of the academic one, and many of the most important changes taking place in the hospital and the medical school — like Phase III and the full integration of UMDS students — are already underway. So instead I shall simply refer readers to the interview which Professor Tim Clark has given the *Gazette*, in which he looks back over his career as dean of UMDS, and looks forward to the strengthening of the school's academic prestige in the 1990s.

There is, though, something to say about the *Gazette* in the 1990s. We have a few important changes planned for the new decade, which will start with our February issue. These include a move to A4 format, which we hope will make the *Gazette* more visually appealing by permitting a greater flexibility in page layout. This change also, interestingly, returns the *Gazette* to something like its prewar size, before wartime paper shortages reduced it to A5. Our subscribers will receive the *Gazette* in polythene envelopes, which should offer more protection than the paper wrappers currently employed. I hope that all our readers will consider that these changes constitute an improvement.

Finally I would like to wish all our readers a very happy Christmas and a fulfilling New Decade.

Just fancy that

I have written before in the *Gazette* about the confusing and pompous nature of much medical terminology, which makes it hard to learn and understand for medical students and patients alike. This view received support from an unexpected quarter on a recent Lewisham ward round. The consultant, and orthopaedic surgeon whose achievements include membership of no less a body than the Royal College of Physicians, was keen to discharge a patient who seemed to be making a good recovery.

'Home on Wednesday, Mark?' he asked his houseman.

'Well, she did have one or two episodes of tachypnoea over the weekend, Mr S,' the houseman replied.

'Tachypnoea?' The surgeon's eyebrows moved upwards.

'Yes, breathing too fast,' added his junior, helpfully.

It's all a question of what you're used to

Also from Lewisham comes the story of the first-year clinical student attending her first urology theatre session. Before the operation began, she was asked by the surgeon to examine the penis of the recumbent patient, and to describe any abnormality found. After a few moments of careful examination, she turned to the surgeon and her colleagues and said, 'Well, it's a bit floppy.'

Theatre music

There is an increasing tendency among surgeons to have music playing in theatre while they work. The orthopods seem to favour a never-ending tape of *The Four Seasons* of the sort that is given away free with five litres of lesser-quality engine oil, while in ENT theatres you can just hear strains of Rachmaninov over the noise of the bone drill. A much wider and more thoughtful selection of tapes, however, is used by the endoscopy team at the Kent and Sussex Hospital, Tunbridge Wells. Here patients may listen to anything from Tracy Chapman or Joan Armatrading to Debussy or Handel while having their gastric antra explored. Pride of place in the team's cassette collection, however, goes to the tape reserved for colonoscopy patients. Its contents are listed below, by kind permission of Dr Grahame Thomas and his team.

Side one

Relax
Wide-eyed and Legless
Good Vibrations
Self Control
Please Don't Make Me Cry
Can't Fight This Feeling
Pain
Can't Take This Hurt Anymore
The Devil Inside

Side two

Blowing in the Wind
Inside Out
I Get Around
I Want to Break Free
Something Inside So Strong
Slip Sliding Away
Take it to the Limit
One More Try

Letters to the Editor

Dear Sir

The superficial answer to your Caerphilly constructed conundrum is as follows.

Lucinda and Wayne will be together at Guy's on Mondays in weeks 2, 4, 6 and 8 and at Thomas's on Fridays in the same weeks. If Wayne were to swap with Gary on alternate, odd-numbered, weeks then he, Wayne that is, would be at Thomas's every Friday.

Further consideration may lead you to wonder whether Wayne and Gary might effect this swap undetected. The answer is yes since they were exclusively Guy's based in their first year. No one at Thomas's knows them and it is extremely unlikely that the photographs supplied by the registry could be used to identify them. They might have difficulty with biochemistry practicals at Guy's.

However, the fact of being on the same site every Friday will be of little consequence if Wayne is unable to entice Lucinda away from the definitive collection of smoked drums and other delights of the Sherrington School of Physiology. Lucinda spent all the first Friday strapped to an exercise bicycle breathing into a Douglas bag. This prompted Wayne to an alternative approach.

He borrowed a brand new AT-compatible microcomputer from a qualified dentist in his year and loaded some critical path analysis software. (Needless to say that was not the same brand of software which had generated the timetable). On ingesting details of their schedules and tutorial groups it revealed that, as Lucinda is in year group B, she has a significant chance of being resident on or near Thomas's. Thus their paths cross at Waterloo Station on Tuesdays and Thursdays at 5.30 as each makes his/her respective way home. Lucinda does not eat slabs of tortured dead animal so they discuss their mutual interest in lithography over a couple of cheese baguettes from The Upper Crust. Hopefully they will live happily ever after. Gary, however, is very depressed as his two favourite Physiologists have left.

I demand the £5 prize and a year's supply of Eccles cakes.

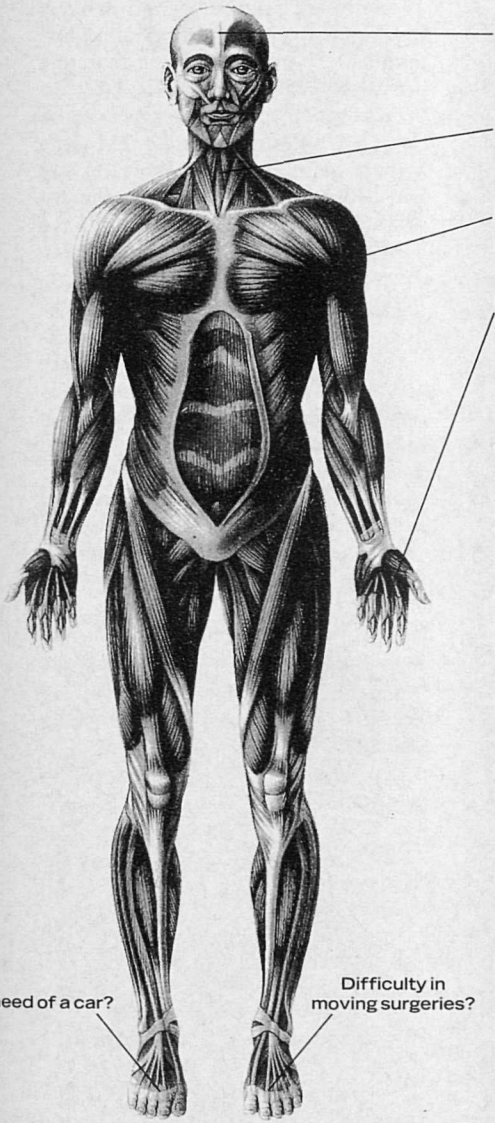
A R TAMMAR
Division of Biochemistry

Brain Teaser

Dear Sir

I was disappointed to note a serious oversimplification in your last Brain Teaser (*Gazette*, Nov 89), concerning the new timetable for preclinical students. Although you correctly displayed the timetable for the days in question, you implied in the problem that students are members of a single tutorial group for all subjects, whereas in fact they are allocated to seven different groups (two for anatomy, two for biochemistry, and one each for physiology, pharmacology and statistics). You have therefore, rendered the problem of calculating encounters between two students 49 times easier that it would be in a more authentic model, and in so doing, have grossly understated the underlying conceptual beauty of the new timetable. I suggest that you modify the problem accordingly.

NatWest have a cure for your financial ailments.



In fact, a whole range of them, all designed to meet the special needs of the medical profession.

Take, for instance, our loans designed to ease you through the troubles of setting up, expanding or moving practices. Short-term cash flow problems — such as covering a delay in NHS payments from the Family Practitioners Committees — can easily be remedied with an overdraft.

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May I, through the courtesy of your columns, be allowed to suggest a strategy for solution of the modified Brain Teaser? With eight different tutorial groups in each subject, and seven different subject groups, we may allocate a 'tutorial vector' $\mathbf{T} = (t_1, t_2, t_3, t_4, t_5, t_6, t_7)$ for each student, where t_n is a real integer between 1 and 8 representing the number of the group which that student is in for each subject. The problem then becomes one of studying the time-dependent intersection of individual student's vectors in the seven-dimensional 'tutorial space'. Teaser-fiends may find my book *The Differential Geometry of Complex Integrable Vector Spaces* (Guysbridge University Press, 1989, £39.95) helpful on this point.

Yours faithfully,

A W BAKER (No relation)
Professor of Theoretical Logistics

Grateful thanks

Dear Sir

Through the courtesy of your columns, may I thank the friends and colleagues who, in so many ways, have combined to give Leila and myself a happy send-off on the occasion of my retirement. We were grateful for the opportunity to see old friends and greatly appreciated the kind wishes and generous gifts.

Yours faithfully,

MAURICE LESSOF
8 John Spencer Square
London N1 2LZ

Hypnotic appeal

Dear Sir

I was sorry to see that the entertainments arranged for freshers' week included a hypnotist.

There are a number of dangers associated with hypnosis as an entertainment, particularly post hypnotic problems. Psychological problems can be made worse and injuries can be caused. On the one occasion that I saw a stage hypnotist two people, to my knowledge, were leaving the theatre still in hypnosis. What would have happened if they had been going to drive cars?

Hypnosis is a most valuable technique with wide applications in medicine and dentistry. The British Society of Medical and Dental Hypnosis runs regular courses all over the country at introductory, intermediate and advanced levels. There are usually a couple of free places for medical students at the London introductory courses. David Waxman's book, *Hypnosis, a guide for patients and practitioners* is available in paperback. The Royal Society of Medicine has a section of hypnosis and psychosomatic medicine.

Hyponosis is for medicine. Along with demonstrations of laughing gas, it no longer has a place as an entertainment.

Yours faithfully,

SEAN O'CONNELL
25 Heathside Road
Woking
Surrey GU22 7EY

News in Brief

edited by Aman Coonar

Suing Kenneth Clarke

Britain's NHS consultants recently received a letter calling them to arms against the secretary of state for Health, Kenneth Clarke. The appeal was signed by six of Britain's leading doctors. Consultants were called upon to support legal action against Kenneth Clarke who, the six argued, 'in his haste to implement the contents of the White Paper before legislation...may have over-reached himself and acted beyond his powers'. They point to the fact that 'across the country, much NHS money is being spent and many person-hours diverted from care of patients in implementing directives before they have even been presented to Parliament.

Led by Professor Harry Keen of Guy's, the six have taken legal advice which confirms that there is a prima facie case that the secretary of state is acting ultra vires in his rush to implement the White Paper.

Professor Keen has written to over 17,000 consultants in the UK, asking them for financial support in his bid to mount a legal challenge to the implementation of the White Paper.

Drowning in mailbags — Professor Keen mounts his campaign

The Oral and Dental Research Trust

Guy's is to be the site of a new research unit funded by the recently established oral and dental research trust. This new trust, the first of its kind in Britain or elsewhere, was launched at the Royal College of Physicians on 24 October, 1989. It was set up to increase public awareness of oral and dental diseases, such as oral cancer, and to raise funds for research. Among the trustees are Sir Gordon Wolstenholme, the chairman, formerly director of the Ciba Foundation and Harveian Librarian at the Royal College of Physicians, and Lord Butterfield, one time professor of medicine at Guy's and recently regius professor of physic at Cambridge, and vice-chancellor. The director is Professor Declan Anderson, and the secretary, Dr Alan Campbell, both Guy's men.

An early success for the trust has been the receipt of a grant of £250,000 from the Dunhill Medical Trust, and this will be used to establish, at Guy's, a UK centre for the study of the oral manifestations of AIDS under the direction of Professor Stephen Challacombe. This is one of the areas specifically targeted by the trust, and a combination of factors including the prevalence of AIDS and HIV infection in the London area and the acknowledged expertise in oral medicine and pathology in Professor Challacombe's department made Guy's a logical choice of centre for the research project. The funding is due to commence early in 1990.

The only comparable centre in the world for the study of oral AIDS is based in San Francisco, but Professor Challacombe emphasizes that the great geographical differences that exist in the modes of presentation of AIDS mean that it is vital that a unit should study these manifestations in the UK. Initially he foresees a team of 3–4 research workers studying three main aspects of the oral manifestations of AIDS. Firstly there is the epidemiology of these manifestations, secondly the mechanisms of mucosal immunity and thirdly the study of the different manifestations themselves, of which there are, amazingly, over 40 different kinds.

In studying the epidemiology of the oral manifestations of AIDS, Professor Challacombe will be maintaining links with other centres of oral medicine in The London Hospital, Bristol, Sheffield and Glasgow. These are important because at present there are no data available on the prevalence, effects on prognosis or relationship with seroconversion for any of the various different manifestations. National figures are urgently needed.

The study of mucosal immunity is crucial in AIDS research because most patients with HIV infection have acquired the virus

EXAM

PART ONE

Have You

1. Swum the Channel
2. Flown a helicopter
3. Shopped at Namche Bazaar
4. A good salary
5. Water ski-ed across the Med
6. Made a parachute descent
7. Started earning a pension from 21

(if you said Yes to two or more of these questions you are probably a cadet in the Royal Army Medical Corps and exempt Part Two)

PART TWO

Have You

1. Good health
2. Passed 2nd MB or nearing it
3. A desire to do something different
4. An interest in sport
5. The ability to work in a team
6. A sense of discipline
7. An urge to travel

If you improved on your score in Part One perhaps you should write to:

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Tel: Ald (0252) 24431 Ext 5307

through a mucosal route. The mouth is an accessible site for the study of mucosal protective mechanisms and has reasonable structural similarities with mucosal surfaces at other sites in the body.

Much more information is required on the different oral manifestations themselves so that they may be more easily recognized by clinicians.

'The majority of patients who are progressing from seropositivity to full-blown AIDS have oral manifestations as *the* presenting complaint', says Professor Challacombe. 'The most important are atypical candidal infections, of which there are half a dozen different types, together with hairy leukoplakia and Kaposi's sarcoma. With sufficient experience, these are fairly easy to identify. Unfortunately many doctors are unused to studying the mouth and may miss or misdiagnose some oral mucosal lesions'. Medical students who are struggling to master dermatology might shrink at the prospect of having to learn another forty subtly different types of mucosal lesion—should oral medicine become part of general medical teaching, one wonders?

Professor Challacombe originally trained at Guy's in dentistry, after which his interest moved more into research and the fields of microbiology and immunology. He was awarded a personal chair in oral medicine earlier this year.

Mark Slade

Single site committee

A working party chaired by Professor Cranston has met with the aim of finding a single site for a UMDS preclinical school in the medium to long term. The site does not need to be restricted to either Guy's or St Thomas's Hospitals.

Kings to join UMDS?

A meeting has taken place between Kings and UMDS; its remit being to identify links that could profitably be developed between KCL, which is based on the Strand, and UMDS. The main subjects considered were preclinical teaching, BSc teaching and medical ethics.

Fuelling speculation about a possible merger is the fact that KCL is proceeding with the building and equipping of a new basic medical sciences department on the south side of the river at a point almost midway between Guy's and St Thomas's Hospitals.

UMDS clubs

Clubs which once swore hospital allegiance are rapidly being subsumed into the greater UMDS. Although separate clubs may be authorized by the appropriate UMDS club committee, it is thought that this tendency will die out as old campus loyalties are overtaken by new UMDS ones.

This year a UMDS boat rowed at Henley. The hockey club are competing as UMDS in the Kent and Surrey leagues. UMDS athletics and fencing teams are already active. Even the rugby club intends to field a UMDS side. 'Buzz', the Dean's Office newsletter writes that, 'in the future we can expect to see UMDS established as a very significant sporting force!'

This photo of a pub in Clifden, Connemara, was kindly sent to us by Professor D J Anderson.

Students who drink . . .

The GMC has stopped just short of seeking legal powers to stamp out problem drinking and unruly behaviour among medical students. This follows fears that the very high levels of alcohol misuse, as shown by numerous studies, amongst doctors, stems from habits formed when they are medical students.

GMC president, Sir Robert Kilpatrick, believes that the situation has worsened over the past 15 years, and he notes that 'it has come to our attention that some students are actually getting to the courts. That is not just high spirits'. He suggests that such students should be 'guided into another career'.

. . . and smoke

British Medical Students lead the way in Europe in their attitude towards tobacco abuse — both in their own use, and in giving advice to others.

The figures from a French survey show that 54% of UK medical students have never smoked willingly, and if ex-smokers are also included the figure rises to over 80%. On giving advice to others, 50% of British students would, unmasked, advise a seemingly healthy person who smoked to kick the habit. Surprisingly, some students said they would not give advice because they did not think that smoking posed a health risk. Justifiably, WHO officials found this view surprising.

. . . and take drugs

Guidelines for student participation in drug trials were released by the NUS recently. The decision to produce guidelines arose because of concern over the growing number of unmonitored independent research contractors and the lack of legal safeguards.

Until now there have been no rules for drug testing on healthy humans 'It is against the law for a clinical pharmacologist to give an aspirin trial to a hamster, yet anyone is legally able to administer a drug to a volunteer human,' said Dr Tim Mant of the clinical pharmacology department at Guy's.

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Suggestions for students include: that participation should be entirely voluntary; a national register of side effects should be established; students should be free to abandon the trial at any time; full medical facilities should be available; and they should have a 24 hour telephone number to use in an emergency.

Air ambulance

The south east Thames regional health authority, which covers Guy's, St Thomas's and King's is finally to get a new air ambulance.

Graham Horsefell, the HA's director of commercial services, said that it's tremendously important to add a fast ambulance to our fleet . . . we have areas in the SE of England, where, at the scene of a serious accident, ambulances can't get through, and of course the beauty of an air ambulance, a helicopter, is of course that it can get swiftly to the scene and get to a patient quickly, which is crucial.

Islamic society

The Guy's Islamic Society which was founded last year has changed its name to the UMDS Islamic Society. This was an inevitable consequence of the split site teaching that has now been implemented.

The Friday prayers — Salat-ul-Juma, can be offered by Muslims on both sites at 1 pm; at Guy's in classroom 2, and at St Thomas's in Prideaux Room 3. The rooms are also available for Zuhr but anyone intending to use them for this purpose must obtain the key from the Medical School Office or contact the Beadle at St Thomas's. For further details of the arrangements please contact us via the pigeon-hole at Boland House.

The initial aim of the society last year was to arrange facilities for Muslims to pray. This year we hope to be a bit more ambitious and would like to hear from non-Muslims as well. Are there any aspects of Islam that you wish to delve into, things that puzzle you? If so, do something about it, get in touch with us.

FFH

Guy's in the Eighties — An interview with Professor Tim Clark

by Aman Coonar

Professor Tim Clark recently retired as Dean of UMDS, a role which followed from his position as Dean of Guy's Hospital Medical School. He will be the final incumbent of those offices, the head of UMDS in future being known as the Principal. I spoke to Professor Clark on his experiences at Guy's, his career and his role in establishing our new college.

To take from the first line of the History, 'what brought you to Guy's?'

I was interested in science and medicine for a long time, and once I had made the decision to opt for a medical career, Guy's seemed the natural place to go. In part it was because my school, Christ's Hospital in Horsham, had a strong connection with Guy's; nearby there was someone who used to work in the physiology department, Declan Anderson; and there were also a few old boys who were doctors at Guy's. Altogether, I took their advice and ended up here.

As students of the late 1980s, we keep on being told that things were much better in the old days. Was this really true?

First of all, I'm really not that old. The time which people talk of in such warm, romantic terms was probably before the war, and I do postdate that! When I was a student, Guy's was much more an independent entity, and we had no affiliations with the university nor with places such as Lewisham or St Thomas's. Another difference was that Guy's was a more personal place. We were like a big village really, and everyone was very friendly. That type of atmosphere is hard to find in large institutions now, but to some degree, I do think that we still have it, as has the Johns Hopkins, our twin hospital in Baltimore.

Your undergraduate days were enjoyable then?

Absolutely enjoyable! My clearest memory is playing cricket, which is probably because I spent most of my time doing just that. I was in the Guy's team, and we had many superb tours. Often we would end up down in Thatching, a small village near Chichester. Guy's kept a cottage there for the purpose of rest and recreation for medical students, and it was a very useful facility. Nurses and physiotherapists came down as well. The other thing that I do remember were the very many superb teachers then.

Do you think then, that a BSc year is a valuable experience?

Quite definitely — it was the time when I became particularly fascinated in how things work. Thinking retrospectively, it was probably the time when I began to feel that an academic career was more appropriate for me. I hope that as many students as possible take advantage of such a year. It can be very eye-opening indeed.

After you graduated, did you then have a clear idea of which branch of academic medicine you wished to go into?

Only in a broad sense, when I was applying for my first job after registration I think that I was most interested in gastroenterology or haematology. However, I ran into a bit of a problem at an interview at the Hammersmith, where they interrogated me on an essay on dyspnoea which I had written as a student. For some reason they must have liked it, because somehow I ended up there working in chest medicine. This was one of those fortuitous accidents which seemed to mark my career.

Following the Hammersmith where did you go?

I spent some time at the Brompton, then Queens Square, as well as the Johns Hopkins. Back at Guy's I worked in the departments of physiology, anaesthetics and medicine. Eventually I was appointed a consultant and was given the responsibility of designing and setting up Starling Ward, the main ITU, as well as taking on clinical reponsibility as a chest physician.

It was a very abnormal path, but I was influenced by Professor Scadding who I worked for at the Hammersmith. His view was that,

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so long as one was mindful of career realities, one should do jobs which one was most interested in and enjoyed the most.

When did you start to become involved with students and the running of the medical school?

Naturally during my work I often came across and enjoyed teaching students. Becoming a consultant that role became larger. My role became more significant when I and others, criticized the student curriculum. A group of us 'Young Turks' as it were, produced a revision of the curriculum in the early 1970s, which in particular moved students away from a course dominated by general medicine and surgery towards a course which recognized the growing importance of the specialties.

As you took on a more influential position in the hospital and school was there any particular educational philosophy which influenced you?

Yes, I do believe that a place such as Guy's, and now UMDS, should be very strongly academically orientated. That position is one which I have consistently taken, and have attempted to nurture, in the past, most recently in the 1950s and 1960s. The London medical schools had a tendency to be very clinically orientated at the expense of real academic activities. We should remember that along with their important role in providing for the health needs of their local communities, it is also true that a major reason for their existence is because of the activities of their respective medical schools. Indeed, we still have a long way to go in order to catch up with institutions such as Harvard or the Johns Hopkins.

Do you not feel that such an aim is rather unrealistic?

I hope not, I believe that we can do it. As I see it, the problem is not only financial. It is also in part organisational, and has much to do with an attitude of mind within the Hospital. To expand on the first point: with the bulk of funding coming via the department of health rather than the department of education and science it means that our work will stay very clinically orientated. As for the second point, within the hospital there is a body of opinion which tends to go against academic work and research, particularly when the natural sentiments, balances and imperatives of a busy hospital make the clinical side so evident and important. The hospital and school need to have the collective mission to redress that situation.

Are there particular moves to implement this more academic orientation?

Yes, the discrepancy between academic and clinical work has led us to try to make an increasing number of appointments to the hospital through the school. Thus, for example, when a senior consultant

retires, a professor may be appointed to replace him or her. Both sides have found this presents some advantages.

Could this not be interpreted as a 'conspiracy' to maintain hospital and school in their present forms, on their current site?

It has been a criticism directed at us a number of times. Ten or fifteen years ago it may have been valid, but no longer. Over the last few years we have seen a great deal of rationalisation within Guy's and the health district, so that we now have an appropriate population base. As a result, I do not feel that we any longer need to justify the hospital's existence as an appendage of a medical school.

Continuing on the concept of unification, do you expect St Thomes's and Guy's Hospitals to come together as the schools have done?

Once again there is the argument of shared resources and thus economies for both sides, for instance we have an MRI scanner which is used by departments from both sites, and St Thomas's has other facilities which we use. At the same time we must remember that we are very different, having a different ethos, traditions, and very importantly local communities with differing needs. We must respect such differences, whilst at the same time accepting that greater union is the way forward.

And the future of UMDS?

I think that we are now the largest medical and dental school in the UK. I would like to see us consolidate and expand. Many of us see advantage for UMDS and our students if we were to establish some sort of link with a multifaculty institution. In terms of geographical proximity that would probably mean Kings College on the Strand, and the links would be primarily at the preclinical level. Such moves will mean that Guy's and St Thomas's will survive well into the next century. As for my time here, I think that I've been lucky to have had the stewardship of it over a few years.

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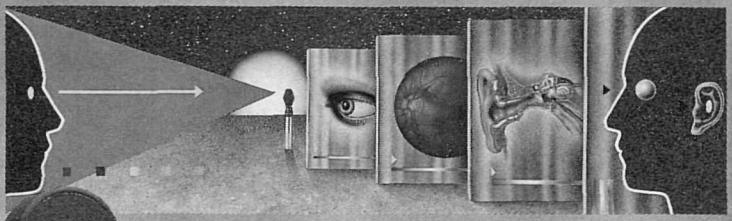

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Doing the SE1 Shuffle

by Fuad Hussain

Many of the 'Guy's people' were undoubtedly somewhat anxious as to what this academic year would bring. This was to be the time of change; would we lose our identity? Who would know what or where UMDS was? United Medical and Dental Schools of Guy's and St Thomas's Hospitals was far too long, and the identifiers at the end are lost in the abbreviation. Concern was also expressed about more down-to-earth matters such as would we all fit into the lecture theatres, and how were we to tolerate such close proximity with our counterparts from up the river? Was it true that tutorial groups were to be split up? And how could we possibly face an entire day of physiology!

Despite all this uncertainty, personally I was looking forward to this year—possibly because I am an optimist or as a friend pointed out, I was being a traitor since I had a brother at St Thomas's.

Well, what difference has it made? Lectures are definitely not as comfortable as they used to be. It is actually quite surprising that everybody does get a seat, however those with eyesight like mine who can't see anything from halfway back do suffer. This may actually have been an ingenious plot devised to ensure we were on time for lectures.

In my book, the Harris theatre definitely scores more highly than the Nevin; except that is for powered blinds that are straight out of a James Bond film. There will always be problems trying to have lectures with 200 people (less the 'few' that just happen to be absent), but I feel that the Harris is better suited allowing a wider viewing angle with larger bilateral boards and better projection. Anyway, enough of the theatre reviews.

Going to a different campus doesn't in itself seem to cause too much of a problem to most people, but it does have its considerable disadvantages. One of the main ones must be the lack of communication that results between year groups. This year's intake, though they have been assigned 'parents' are largely having to survive on their own since the timetable only allows for the first and second years to be on the same site for one day a week. A special effort must therefore be made in order to get together to hand over books, practicals and of course advice.

On the subject of the timetable; it is actually quite good under the circumstances. Spending one day on anatomy is tolerable after all, and may in fact be beneficial, but ask me again after my exams. There is obviously still room for improvement—who's idea was it to have five lectures on a Thursday? I can only imagine that there was nowhere else to put them.

The nature of split site teaching, or just a lack of communication between departments means that there are almost as many groups for each student as there are cranial nerves. One would hope that it is only confined to the present second year to cater for slightly different teaching between the schools last year, but the situation seems to be even more complicated for the first year. Events of the first week suggest that there are few people who really know what is meant to be going on. By the second day there was already a difference in the timetables given to us from Guy's and St Thomas's. Another sheet of instructions could not be fully explained by anyone except a lady in St Thomas's who was at the time in Greece.

An unfortunate consequence of the union at the present time is that access to facilities on each campus are limited to a couple of days a week. Whilst this may not be a problem in subsequent years, 'ex-Guy's' and 'ex-Tommy's' students are still being dealt with by their old Student Health Service and Student Advisors which means that you have to be on the right campus in order to make use of these services. A similar problem arises in trying to re-schedule a tutorial which as timetabled my tutor will not be able to attend until the 8th week of term. Trying to find a mutually convenient time when we are all on the same campus is proving to be more difficult than it might seem.

In general the number of tutorials this year seems to have been halved. This is a shame since they are one of the best methods available for clearing up any problems arising. It is even more of a shame if the reason is a lack of staff, as seems to be the case for anatomy. What seems to have replaced the missing tutorials is a far greater number of essays which I can't see doing anyone much good other than occupying valuable time. Essays will not make us better doctors, nor are they better than tutorials at increasing understanding of a subject.

The UMDS libraries are still in a transition state. At the time of writing, taking a book out at St Thomas's involves filling in a slip of paper with the details. The libraries also have different lengths of

loans, and fines at St Thomas's but not at Guy's. If fines are introduced at the Wills as is rumoured, overnight loans must surely be abolished as we alternate between sites.

Something that is really of benefit is the introduction of the GP attachment scheme which allows a good deal of patient contact early on. The more time that is available to practise 'communication skills' with patients, the easier it must be when it comes to actually taking a history. This year though, there are only enough GP's involved for half of us to go on the scheme. The rest are involved in similar activities based in the hospital.

It is however early days to judge the benefits or failings of the new system. Little attempt has been made to mix the Guy's and St Thomas's portions of the second year. I shall leave it up to you to decide whether this is good or bad, but it must certainly make the administration easier. Naturally, this question does not arise for the first year.

In the long term it should be possible to ensure that the best of Guy's and St Thomas's can be extracted. Most of the second year I am sure will still identify more strongly with where they used to study, which is fine provided that one also takes advantage of the other half of UMDS. As to the first year; the best advice I can think of is forget UMDS exists, and if asked where you are studying just say you go to Guy's and St Thomas's. Take advantage of the names and reputations of both institutions, and then there will be no need to lose your 'identity.'

Copy for the Gazette

Copy for the February 1990 issue of the *Gazette* should arrive at the *Gazette* no later than 8 January 1990. Please submit articles in double-spaced format, and typed if possible. We regret that it is often not possible to publish articles which are submitted in single-spaced format. Owing to pressure of space letters to the editor, and sports reports, should not exceed 400 words in length. Photographs reproduce better if they are submitted as black and white prints, although colour prints and b/w negatives can also be accepted.

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The *Gazette* has produced full-size photo-facsimiles of five pen and ink drawings by Hanslip Fletcher of Guy's Hospital and its environs, on matt-finish high quality paper suitable for framing. These are shown on the next five pages. Prices include postage and packing.

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Scanning the fetal heart—an interview with Dr Lindsey Allan

by Mark Slade

Congenital heart disease is relatively common and can be highly distressing to both parents and patients. If it were possible to detect cardiac abnormalities reliably during routine prenatal ultrasound scanning, many mothers would opt for termination, thus considerably reducing the incidence of CHD. Unfortunately the skills and experience necessary to be able to do this are available in only a very few centres, but one of them is the British Heart Foundation fetal heart scanning unit at Guy's, where Dr Lindsey Allan has nearly ten years' experience of prenatal diagnosis.

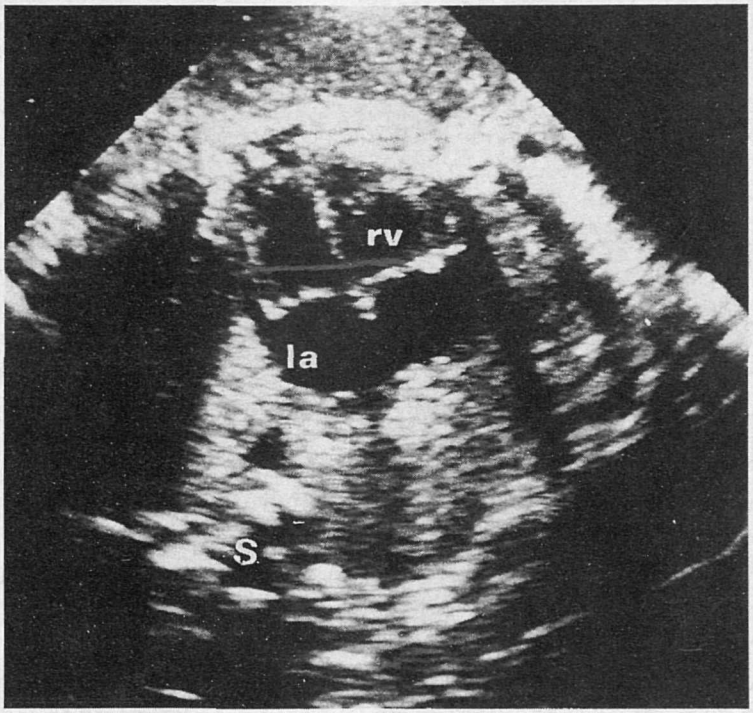
A measure of the success with which Dr Allan has been able to build the reputation of her unit is the phenomenal growth in the number of referrals she receives. When she began working in the field in 1980, 35 high-risk mothers were referred to her for prenatal scanning. The total for 1989 is likely to be over 1,200, a figure which in part reflects the effort which she has put into training obstetricians in the region in the technique of fetal heart scanning, since about 200 of the referrals will be from obstetricians who are seeking a further opinion on abnormalities which they have detected. The balance of the referrals are mothers who have a family history of congenital heart disease.

I asked Dr Allan how her unit compared with others in the UK and abroad. 'The crucial thing about this work is experience. Having started looking at fetuses nearly ten years ago, we now have had more experience than any other centre, with the possible exception of one in Paris. The beauty of working at Guy's in comparison with the other paediatric cardiology units in London is that Guy's has its own obstetric department, so that all the work is on the one site.'

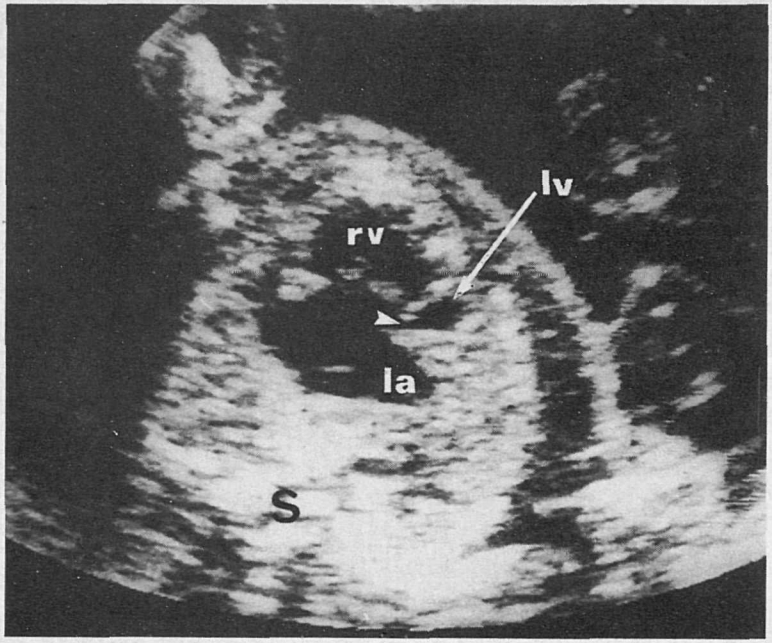
Training the obstetricians in fetal heart scanning has helped to keep Lindsey Allan well-supplied with cases, but it is not without its problems. 'Sometimes the obstetricians are tempted to counsel the mothers themselves, having detected a congenital heart defect. I think, however, that counselling ought to be undertaken by a paediatric cardiologist, because they are the people who are up-to-date on the implications of the disease and the options for treatment.

Curiously, Dr Allan first became involved in fetal heart scanning through her interest in genetics. Having gained membership in Glasgow, she was interested in prenatal diagnosis and did some early work on the measurement of alpha fetoprotein levels as a diagnostic tool. When she returned to work in 1980 after a break to have children, she tried to get back into genetics, but a colleague suggested that ultrasound was an interesting and developing technique for prenatal diagnosis. From ultrasound in general to fetal heart scanning was a step she took simply because it looked difficult.

'When I started looking at the heart no one else was doing it because it looked too complicated. An eighteen-week fetus has a heart of about 1 cm in diameter, with an aorta about 2 mm across. The equipment in those days was also much less sophisticated, so it was harder to see what you were looking at.'



This scan shows the chambers of the normal fetal heart. *la:* **left atrium.** *rv:* **right ventricle.** *S:* **spine. (Photo courtesy of Lindsey Allan).**



An example of left ventricular hypoplasia picked up on a fetal scan. *lv:* left ventricle. *rv:* right ventricle. *la:* left atrium. *S:* spine. Photo courtesy of Lindsey Allan.

The next move was to get a job in paediatric cardiology at Guy's, where for several years she ran the paediatric echocardiography service, while building her experience with fetal scanning. By painstaking work over a number of years, comparing the results of imaging with specimens acquired if the mother elected for termination, she was able to build her expertise. Now, with a ten-year collection of videotapes and a much higher referral rate, she is able to train newcomers in the technique much more rapidly than she was able to build up the experience herself.

Most mothers facing a diagnosis of serious congenital heart disease elect to have a termination of pregnancy. Does this trouble Dr Allan ethically?

'I am not worried about the ethics of my work. I am simply giving the mother the choice of what to do. If she has her own religious or ethical views on abortion that is her right.'

What about the situation where a fetus has a minor abnormality, for which she would not advise a termination, but where the mother wants to have one?

'I think that if you are going to tell mothers about serious problems with their fetus, you have to do it for minor abnormalities as well. You have to tell them what you know. You may not agree with what they choose to do about it but that doesn't mean you should avoid telling them.'

A strong advantage of fetal heart scanning as a screening procedure is that it is relatively specific as well as sensitive, so that a severe congenital abnormality is never diagnosed in a normal fetus, and only the most minor of defects is missed. And, surprisingly for such a highly technical-sounding procedure, it also has great potential in less-developed countries, where paediatric cardiology facilities are scarce.

One group of professionals which might be expected to view Lindsey Allan's work with less than total enthusiasm is paediatric cardiologists, since she offers the prospect of reducing their workload by about half.

'I was nearly lynched at one meeting in the USA, where a cardiac surgeon confronted me, complaining, "Who am I going to be able to practise on?". But I am convinced of the value of what I do, particularly when you consider the long-term effects of congenital heart disease. We're only now beginning to see the complications in young adults with complex cardiac problems who had surgery in infancy. Many of them, for example, have arrhythmias which are a direct result of a surgeon having been in their heart.'

Money has recently become something of a worry. An initial two-year grant from the British Heart Foundation was extended for a further two years, then five more, and most recently for a further three. It runs out in 1992.

'The BHF now feels, understandably, that we are not simply a research project but are providing a clinical service, which should be funded by the NHS. If I don't get any further funding beyond 1992 we shall have to cut back on the services provided by the unit, which currently consists of myself, a registrar, two technicians, two research people (who have their own funding), and a secretary.'

At about £120,000 per annum, the unit seems extraordinarily good value for money, particularly in the light of the enormous cost in terms of suffering and care provision which Lindsey Allan's work prevents. Let's hope that her unit is able to continue to thrive.

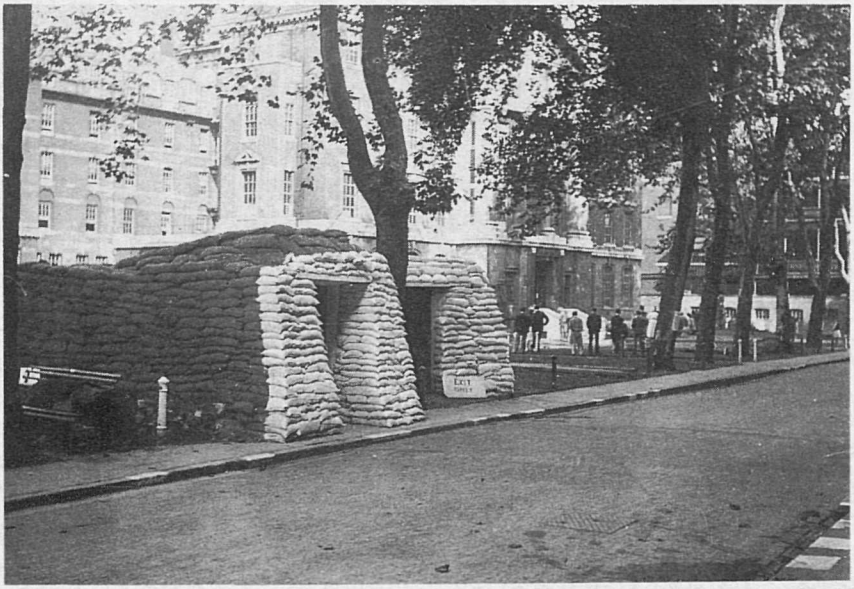
The Phoney War at Guy's

by Dr W B D Maile

I was one of the lucky last year students to be posted to Guy's in the event of war breaking out, and I received the first intimation that this had in fact happened as Jerry Rochford and I were leaving Westminster Cathedral after mass, when we heard first the National Anthem being played, and then the sirens sounding an air-raid alert. We jumped into his fast Fraser Nash, shot back to the hospital only to find the gate had been closed. With much squealing of brakes we managed to stop without damaging them or the car. We found that gas masks and tin hats were being issued in the Colonnade and we were told to go to various posts to deal with potential casualties. There was an apocryphal story of Hedley Atkins being washed up and wearing a tin hat awaiting the first casualties in the theatre, but this was never confirmed.

There are other memories of warm evenings in the park with singsongs accompanied by two South Africans with guitars (whose names I cannot remember), but on the whole life became rather boring. Some clinical work was however, carried out, and I had the

The sandbagged park during the Phoney War. Photo courtesy of Dr W B D Maile.



Nurses enjoying the summer fete, 1940. Photo courtesy of Dr W B D Maile.

pleasure of being appointed HP to R T Grant, who had been extracted from his cardiological research unit to become a general physician. Greenline buses appeared every day to take patients to the peripheral hospitals at Pembury, Farnborough, Orpington and Joyce Green, inpatients being kept to a minimal number. Outpatients still took place, and eventually I was appointed as an OPO, a very happy time being spent with Michael McCall, Rilstone and Channon. There were continuous air-raid practices, too much beer was drunk in The Ship and Shovel and at The George, surreptitious visits were made to the Nurse's Home via the underground passage (the dividing gate having been sabotaged), and I well remember a marathon shove halfpenny competition with Brian Coffey in the Spit. Initially the winner was to have a bottle of whisky but we called it a day when we had each won fifty. A large fete was arranged in the Park in the summer of 1940, and we all had a very happy time.

Nearly every Saturday there was a Starlings Revue in the physiology theatre and the sketches and musical acts reached a very high standard. Theatre tickets for the West End plays were nearly always obtainable from the medical school office, as quite a lot continued to run.

When the bombing started I had been appointed RMO of Nuffield Hospital. The billiard table on the top floor was still much

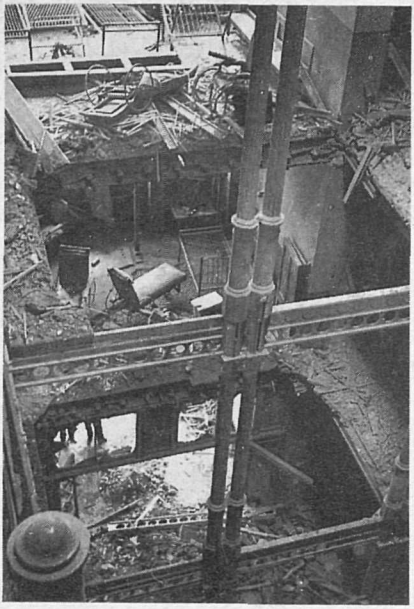
in demand, as was the flat roof for sunbathing. The cellars were converted into an air raid shelter where we tried to sleep on what can only be called apple racks. At the end of a night's bombing it was quite surprising to go up onto the roof and find the panorama of London apparently unchanged, until the night in December 1941 when the Hospital and warehouse in Great Maze Pond were hit. Eric Davies had retired to one of the top rooms of the medical block to get a bit of peace to read for his primary FRCS. He survived the bombs but as the staircase had been destroyed he had to be rescued by the Fire Brigade. He was not the only near-casualty: that doyen of Night Sisters 'Auntie' entered a ward with less than her usual dignity, but after picking herself up and brushing herself off remained quite unperturbed. After Nuffield House closed the patients were, I think, transferred to UCH I lost my job and was called up into the RAF.

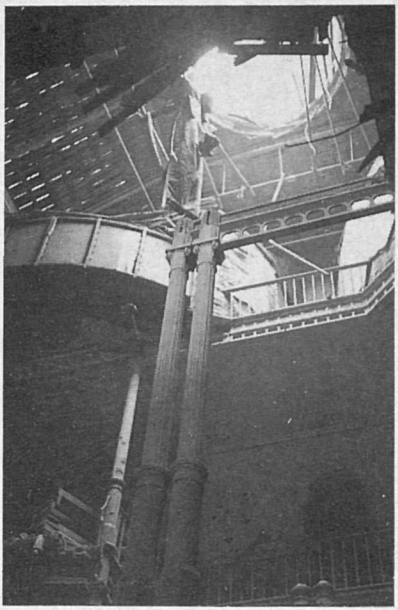
The Wartime Student

by David Gullick

It was probably fortunate, that in the spring of 1942 no-one was aware that we were less than half way through the Second World War. But, after more than two and a half years Guy's Hospital, and the emergency medical service hospitals of the sector in Kent, had been well broken in. Similarly, the transplanted preclinical schools at Tunbridge Wells were also bedded in to that select and historic spa; locals and invaders had acquired at least a mutual tolerance, if not actual respect.

The *Gazette*, which continued its prewar fortnightly issues, carried, on one of its April 1942 pages, a letter from a final year student. The writer (one M R Mullins, of whom much more should be said in another context) drew attention to the dangers of lowering of standards if more of the remaining teachers were called up to HM Forces. As a recent obituarist of Lord Hill wrote, 'there was a continuing need to "strike a balance between the insatiable demand of the Forces... and the need to ensure an adequate service for the civilian population".' Mike Mullins argued that the point had been reached when to put yet more teachers into uniforms would be to eat the seed corn, endangering the future flow of properly trained





Above: **The medical block after bombing. (*Photos:* Dr W B D Maile).**
Below left: **16 April 1941, the day after the big raid.**
Ambulances prepare to evacuate the wounded from Guy's. About 100 casualties were sent out that day. (*Photo:* Michael Palmer).
Below right: **More bomb damage shot on 16 April 1941 (*Photo:* Michael Palmer).**

doctors. He was very likely correct, for, after the war, Peter Bishop's history in the *Gazette* showed that, at one time or another, more than 60% of Guy's teachers had been in the forces. Mullins took the view that this diminution in staff — aggravated by all the other circumstances of war — had only allowed standards to be maintained because both teachers and taught had worked harder since September 1939.

So far as the former were concerned, I have no doubt he was right; modesty forbids that I endorse his view on the latter. Certainly, lectures and laboratory work were carried on in improvised premises; and clinics and rounds were often too crowded. But, whether or not we worked harder, we benefited I am sure by working — and living — closer together; often for long periods on the job. This is the third factor which I would add: during those years we, the students, knew — and were known by — those teachers who remained much better than we had been in times of peace.

Previously, the only occasion when the undergraduates met the chain of command socially was at the 'Firm Dinner'. These were not universal, but if held, concluded a three month appointment. Not unnaturally, they tended to be a bit stiff for the first hour, and very relaxed at the end; by which time, one's chief had beat a strategic retreat, by Rolls, to W1.

The outbreak of war changed everything. In the breathing space since the Munich crisis of 1938 — when slit trenches were first dug in the Park — plans had been finalized. It was generally expected — in the light of Axis 'rehearsals' in Spain — that at once London would be so bombed as to be medically uninhabitable, save as a casualty clearing station. Guy's would be one such, and both air-raid casualties and cold admissions would be evacuated, or sent, to sector hospitals in Kent. Medical, nursing and other staff, and students, were posted to hospitals at Orpington (Sector HQ), Farnborough, Dartford and Pembury. The preclinical schools went to five large houses at Tunbridge Wells. These became boarding houses, accommodating also improvised lecture, laboratory and dissecting rooms. The adaptation of these was carried out by senior technicians and a band of students. I was among them, and physically have never worked harder and longer; Victorian windows and stairwell skylights were not designed for total blackout. When adapted each house had its housemaster/warden: the dean, the professors of anatomy, physiology and biochemistry and the sub-dean of the dental school. Some were accompanied by wives (and

families); it was very much back to schooldays for those who had enjoyed a year's emancipation beforehand.

The fortunate occurrence of another nine months of phoney war breathing space allowed all these arrangements to shake down. The net result was to establish, in place of the somewhat inward looking life of Guy's SE1, five centres in which students and teachers lived and worked, with groups of other Guy's staff at each hospital. Naturally, some clinical staff disappeared into uniform. But others often set up new homes near to their sector hospital; and consultants in uniform serving at Ministries took up residence in Nuffield House. In both cases these teachers were placed to join in both round the clock duties and in the social life of the unit.

When Guy's itself got organized a body of some sixty clinical students lived in. The college had been destroyed, so they occupied wards and the hostel. This decrepit residence has now disappeared; serving before the war as quarters for domestics, it was adopted by the students of the rota (48 hours on, 48 on call, and 48 off duty) for firewatching, portering, and (when possible) clinical studies in outpatients, the few wards, and the subterranean theatres.

On a night when one's hospital resembled a lively episode of 'MASH', there was something for everyone to cope with, however junior the dresser. Advice and supervision were always available, but when its source was himself as busy as could be, one learned fast to be self-reliant. A development which followed later was the appointment of final year students as unqualified housemen at Guy's.

No double blind trial being possible, I cannot prove that we emerged the better for it. But at least we had broader horizons — and seldom a dull moment.

Nursing Notes

If Pigs could fly

Two new local publications associated with nursing have found their way to my desk during recent months.

News for Nurses No 1 was issued by the directorate of nursing, south east Thames regional health authority, and has been distributed widely; every nurse at Guy's should have seen a copy by now. Dame Audrey Emerton DBE, Regional Director of Nursing, smiles out from the front page with a personal message opening; 'Nursing will never be the same again'. Well, of course tomorrow has never been the same as yesterday, even if it has seemed ever so similar. But when one thinks of recruitment issues and Project 2000, one can see what Dame Audrey is getting at. But how far are practices going to differ, apart from the marvellous idea that we should all champion change? It is all very well to hope for better things, and no one is a greater optimist than I am, but at the sharp end of nursing it is easy to have this optimism dented by the way old habits die hard — some of these I have outlined earlier.

I cannot reiterate too often how I note patients seem to feature less and less in our aims for the future. Of course, there are statements to the effect that patient care must remain a priority. Surely *the* priority? *News for Nurses* also lists a series of questions about the White Paper; a longer questionnaire along these lines has been circulated by the RCN. When will practising nurses, those who still give old fashioned nursing — 'hands on care' as it is imaginatively referred to nowadays — be given a chance to officially air their views on the White Paper? Nothing mentioned in this publication about a poll or ballot.

The second publication delights in the name of PIG — it is a newsletter for the Thomas Guy & Lewisham School of Nursing about Project 2000 Implementation Group (PIG). At first I checked to see if the date it appeared was April 1st, but no, October 1989 is the date of issue No 1. Well, I wondered, had Peter Simple strayed from his columns in the pages of the August *Daily Telegraph* . . . ?

In wishing to present Project 2000 to colleagues, some of whom may not be in raptures of total enthusiasm concerning it, the District General Manager's guest editorial is hard to believe. It commences: 'I am delighted to have the opportunity to be ''first of the launching

pad'' in this first PIG Newsletter'. In choosing this unfortunate acronym, I wish the authors every success in tracking down any cases of swine fever they may encounter amongst staff. I wonder if some student nurses set this paper up as some sort of jape, although the PIG committee contains the names of all the good and the great nurses on our health authority. The Newsletter does, though, seem quite serious and helpful. I only hope if I bet a bob, the editor, combs his way out of the sty, in company with the Miss Piggies featured on the front page. Whether or not the 'private consultation' offered to nurses by the editor will explain all about Project 2000 remains to be seen! At least PIG Newsletter doesn't blast the 'small is beautiful' image unlike *News for Nurses*. Under the heading 'Education Strategy' amalgamation of many well known local schools of nursing are reported as 'progress'. Who knows how far the Channel Tunnel Polytechnic of Advanced Nursing Studies may spread?

Denis Cobell

Obituaries

Professor Sir Robert Macintosh, MA DM (Oxon) FFARCS 1897–1989

Robert Reynolds Macintosh, who entered Guy's at the end of the First World War, qualifying in 1924, was the first Nuffield Professor of Anaesthetics at Oxford. He died in Oxford on August 28 at the age of 91 years, after a short illness.

Macintosh was born at Timaru, New Zealand, on October 17 1897, the son of C N Macintosh, a member of the original All Blacks rugby football team. On finishing school at Waitaki, Macintosh sailed to Great Britain and was commissioned into the Royal Scots Fusiliers. He later transferred to the Royal Flying Corps, where he trained as a fighter pilot. Early on in his career, in 1917, he was shot down over enemy territory, and was then forced to serve out the rest of the war as a prisoner. Although he did not manage to make a successful escape from Germany, he gained temporary freedom on at least three occasions, the details of which have been described in H E Harvey's book, *The Cagebirds*.

Once the war had ended. Macintosh had intended to pursue a career in surgery, but, meanwhile, in an effort to subsidize the continuation of his surgical training, he found himself giving anaesthetics for a number of dental surgeons. And so, although he passed the Edinburgh FRCS, he had already unwittingly established his future career as an anaesthetist. During this time, he was to hold a number of hospital appointments, eventually becoming the senior member of a most successful partnership of anaesthetists in London, irreverently called the 'Mayfair Gas, Fight and Choke Company'.

British anaesthesia has a long tradition of precise scientific thinking. Nevertheless, the idea of establishing a university chair in anaesthesia was an innovation, the value of which was then quite

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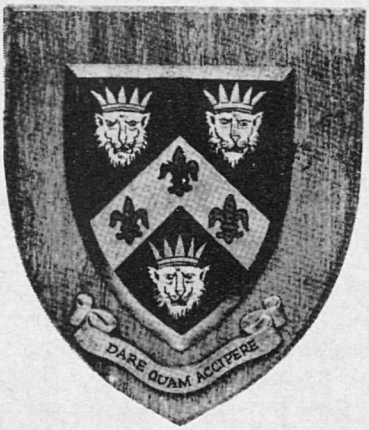

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unknown. The decision to create the chair was a direct result of Lord Nuffield's interest in the subject; he had similar experiences to the former William Morris concerning several bad anaesthetics, and his choice of Robert Macintosh as Professor satisfied Osler's dictum regarding professors, he being, 'the rare one who can think, talk and work'.

Thus, Macintosh abandoned his practice in 1937 to go to Oxford. It is often erroneously stated that the Chair was the first anaesthetics chair in the world, but that is not strictly true as Harvard had pre-empted this with their appointment of Henry Beecher to a similar post some months earlier. In 1937, Macintosh undertook a humanitarian expedition to Spain during the Civil War at the request of the American plastic surgeon Eastman Shehan. Here, he revolutionised anaesthesia for maxillo-facial casualties, his first 'to and fro' ether vaporizer consisting then of nothing more sophisticated than a Tate and Lyle golden syrup tin with perforations in the lid.

Macintosh's expertise proved to be of great value during the 2nd World War, where he assumed responsibility for the direction of anaesthesia in the Royal Air Force, reaching the rank of Air Commodore. Much of the research from his department during these war years was devoted to the needs of the armed forces: the work done on atmospheric conditions in submarines was prompted by the loss of the *Thetis* in Liverpool bay in 1939 during her acceptance trials, and the research later extended valuably to midget submarines and frogmen. A problem immediately presented itself: air crew shot down over the English Channel, when recovered by the air-sea rescue service, were frequently found drowned in a face-down position: the life jackets of the day were not self-righting. Various designs of jacket were tested using an anaesthetized volunteer (E A Pask, later professor of anaesthesia at the university of Newcastle), there being no other way of simulating the density of an unconscious human being in water. Indeed, there is a strong link of the past with the present as the co-axial Bain anaesthetic breathing system used today is analagous with that invented for those historic studies. Experiments were also undertaken to assess the efficacy of various methods of artificial respiration in the same volunteer subject rendered apnoeic with ether, and studies of hypoxia were instigated to determine the upper limit of altitude at which pilots could bale out safely.

Macintosh and the members of his department were pioneers in the development of modern anaesthetic apparatus. He set up a

workshop in Oxford and attracted experts from several important disciplines, men such as the physicist Epstein from the Clarendon Laboratory, who joined in 1940, the chemist Suffolk and the physiologist Cowan. Richard Salt had been both chauffeur and engineer in the Mayfair Gas Company and went to Oxford with Mac to become the new department's technician. The team designed a chloroform and air inhaler for use by airborne troops (the ESO inhaler), but probably the most important device at the time was the 'Oxford Vaporiser' which was a portable, although heavy, instrument of the draw-over type using air over diethyl ether; it was even provided with a concertina bellows to assist respiration. The vaporiser was manufactured by Lord Nuffield at the Morris Motor Works as a contribution to the war effort. The apparatus saw service in all the major theatres of war and was the forerunner of the EMO (Epstein-Macintosh-Oxford Vaporiser), still very much in everyday use in developing countries. Macintosh also advised Lord Nuffield on the provision and distribution of a tank ventilator (iron lung) for the treatment of poliomyelitis, with the result that these machines were made available before the disease had gained much hold in the UK. Although Macintosh's name is associated with inventions, far too numerous to detail here, that which has endured the longest is probably his curved Z-section laryngoscope blade which is routinely used throughout the world.

Macintosh's book, *Essentials of general anaesthesias*, written with Freda Bannister, and that with Epstein and Mushin, *Physics for the Anaesthetist* were classics, heavily relied upon by anaesthetists everywhere. His interest in regional, oft called 'local', analgesia, also resulted in his writing and coauthoring several books devoted to these aspects. Quite unpretentious in all things, he was a teacher unsurpassed, who set a fine example which has had a resounding influence. In contrast to the story of the German anaesthetist dumbfounded by the EMO, saying, 'Why make it look simple when you can make it look complicated?' Mac's philosophy was always to make things as simple and as safe as possible, and his attitude was one of complete honesty. His propensity for asking apparently simple and straightforward questions of senior and junior colleagues alike belied an extremely shrewd nature, and a dislike for mere acceptance of traditional theories and beliefs.

He was keen on physical fitness, swimming regularly, and in his youth had been a talented amateur boxer. He learnt to ski in his sixties and followed that up with water skiing. He was also a great traveller; he liked to get away from the English winters and go to

warmer climes, and in so doing he exerted a tremendous influence in establishing safe anaesthesia in all those countries which he visited. He was knighted in 1955 and was showered with medical and academic honours.

His first wife died in 1956. He is survived by his second wife, Ann.

APA

SUBSCRIPTIONS TO THE *GAZETTE*

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Aubrey Edwin Orchard-Lisle CBE, FRICS

Aubrey Orchard-Lisle died on 5 August 1989, in his eighty-second year.

For the casual Guy's observer, his chauffeured Rolls-Royce with it's AOL number plate will no longer be seen in the front quadrangle and the dark-suited figure, carnation in button-hole, will no longer make its careful way through the colonnade to the governors' court room. For Guy's Hospital, there is infinitely more to it than that. His association with the hospital dated from 1949 when he was co-opted to the newly-formed committee of the board of governors set up to handle the investment of the endowment fund in urban property.

In the brief period between the end of the second world war and the introduction of the national health service in 1948, the former court of governors had been deeply divided over a proposal that shop and office property in the west end of London should be exchanged for the hospital's farmland in Herefordshire, much of which had been bought after Thomas Guy's death in 1725 to meet the requirement in his will that the residue of his vast fortune, after meeting the cost of building his own hospital, should be invested in land. In the end the proposed exchange was dropped and the commitment to keeping agricultural land confirmed. But in return governors like Sir Patrick Astley Cooper, the governor of the Hudson's Bay Company, secured the agreement of the court to the investment of one third of the endowment fund in urban property. To achieve this an order of the high court was needed and obtained.

Aubrey Orchard-Lisle was a partner in the firm of Healey and Baker, chartered surveyors, and was later to become its senior partner. He had acted for a company connected with one of the governors, who was so impressed by his ability that he proposed his co-option to the real property sub-committee. The work of this committee was discussed with Aubrey Orchard-Lisle and he expressed his willingness to serve in a voluntary capacity on the understanding that the committee had full power to act in the purchase and sale of property without seeking prior approval from the Board.

The National Health Service Act of 1946 had transferred the investments of the old corporation of Guy's Hospital to the new board as charitable trustees and the income which had previously gone to maintaining the hospital was rapidly accumulating, while considerable sums were also being received from the war damage commission as compensation for those endowment fund properties

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which had been destroyed during the war. Responsibility for the investment of the very large sums which resulted rested on Aubrey Orchard-Lisle, working closely with Derek Sidebottom, the hospital's surveyor and Bertie Lees Read, the clerk to the governors. Aubrey Orchard-Lisle's shrewd purchases progressively increased the value of the fund and the build-up to its present property portfolio began.

His outstanding ability and experience, which he applied so willingly in the service of Guy's, was recognised in 1953 when the minister of health appointed him a governor. He was soon to be involved in the rebuilding of the badly war-damaged hospital when, in 1954, he was appointed chairman of the building committee for the new surgical block (New Guy's House). Guy's was the first London undergraduate teaching hospital to begin to rebuild after the war and New Guy's House was the first of the major schemes which became a feature of the re-development of Guy's from the mid nineteen fifties to the present day. Aubrey Orchard-Lisle was a popular chairman of the many building committees, both liked and respected by the hospital's medical, nursing and lay staff, as well as by the board's professional advisers. He was always easy to talk to, courteous and patient in considering requests for changes to plans, as well as determined to keep to programme. He was ready to listen to those who would be working in the new buildings but equally committed to ensuring that bids for space and equipment were kept within the money available. He chaired meetings with a nice sense of humour though rarely with the hint of a smile on his almost lugubrious face. He had a deep interest in and appreciation of people. He exerted authority without in any way seeking to dominate those Guy's people for whom he so willingly gave a significant part of a very busy working life. Those qualities were recognised by his election as vice chairman of the board following the death of Lord Cunliffe and the appointment of Lord Robens as chairman in 1964. Privately he may have felt that his intimate knowledge of the hospital, the unique part he had played in increasing the income of the endowment fund by leaps and bounds and his guiding hand in the re-development of the hospital might have qualified him as Lord Cunliffe's successor but he gave no hint of this and was a tower of strength to Lord Robens until the board's dissolution in 1974. He also served as a governor of the Medical and Dental Schools but this appointment he hardly enjoyed as the amount of influence he could have on the school was much more limited than for the hospital. Among the hospital's files is a note about the part he played in helping Guy's to develop in the heady days of the 1960s and early 1970s

ending with these words 'Hobbies — only one hobby: work, which includes his interest in Guy's. We are told that he keeps a dictating machine at home and as soon as he gets home he begins his work again'. The award of the CBE in 1973 was not unconnected with his service to Guy's.

The greater part of his thinking about Guy's, its problems and its future he put in a continual stream of letters to the clerk and others and, from their replies and continuing correspondence the beginnings of new policy would emerge. He was always stimulating and full of ideas, many of which bore fruit, and some of which led to 'coups' to which he liked to refer from time to time in later years. A favourite arose from the economic depression of the early seventies when the board was faced with the need to raise funds to discharge a substantial part of its contribution to the exchequer in respect of Guy's Tower. Instead of cash the hospital laundry, which had been built at Rotherhithe at endowment fund cost, was traded to a reluctant exchequer and the need to sell property at rock-bottom prices avoided. But his biggest 'coup' was the purchase in the nineteen-fifties of land in Watford and its sale some thirty years or so later for a sum which had increased by a hundred times over its purchase price. His tremendous flair for property and intimate knowledge of the market made it possible for the endowment fund to make major contributions to the cost of New Guy's House and Guy's Tower and in due course to phase III, as well as directly undertaking such schemes as the rebuilding of Guy's House, the upgrading of the Henrietta Raphael and Nuffield Nurses' Homes, the restoration of the chapel wing and the building of the new mortuary and post-mortem room to mention only a few. For many years swimming was his way of getting exercise and he readily agreed that the new swimming pool, being built from the endowment fund to replace the old pool in the nurses' home should bear his name. He was also happy for one of the blocks of nurses' flats built while he was chairman of the special trustees to be known as Orchard-Lisle House. Despite its massive help to the hospital, the fund continued to grow under his guidance when, after the reorganisation of the health service in 1974, it became the responsibility of the special trustees, of which he was elected Chairman and continued as such until 1984. It was with some reluctance that he decided to stand down at the age of 76 only to be co-opted again as a special trustee and to continue virtually until his death in the task of overseeing the trustees' property investment. He believed that while his faculties remained undimmed years were not important.

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As a man he possessed outstanding qualities of character. As a benefactor of Guy's, he will rank with William Hunt and Lord Nuffield. He gave to the hospital not money, but his unique ability to make money for it, running into tens of millions of pounds. His foresight played a major role in the planning and erection of New Guy's House and Guy's Tower as also with the other new buildings which have been added to Guy's over a period of more than thirty years.

During this time he undertook major responsibilities outside Guy's while serving Healey and Baker as its senior partner for more than 9 years. His partners gave him willing support in his work at Guy's and Peter Winfield, who succeeded him as senior partner, became a member of the board in 1972 and a special trustee in 1974. Peter Winfield has been joined by Andrew Gulliford, also a partner of Healey and Baker, who has become a co-opted trustee so that the firm in which Aubrey Orchard-Lisle served for more than fifty years continues its tradition of voluntary service to Guy's which he so brilliantly pioneered.

AHB

Sport and Societies

RUGBY CLUB

After the successful tour of Canada during the summer, Guy's Hospital Rugby Football Club has enjoyed a winning start to the 1989/90 season.

A couple of early reversals were forgotten as Guy's played out of their skins in the season's first Courage League encounter to beat Old Emanuel 15–3. A solid performance by the forwards and a great deal of inspired and incisive running by the backs gave Tony Wilson the game's only try and Guy's a most deserved victory. Already the best start Guy's have had in a league programme.

A fortnight later, following the traditional win over Osterley, Guy's sent two sides to Birmingham for the National Medical School's Sevens. This gave captain, Neil Davies, the opportunity to blood/gin a number of fresher players and each performed well. The 1989 intake has brought several new players into the club of an overall high quality. Because of the settled nature of, particularly, the first team, freshers may feel that they are not playing in the team of the standard appropriate to their skills and are not moving up as quickly as they should be. Freshers are vital to the success and future of Guy's and they should be patient, come to training and support the club. The first team were fresher's once (Decker as far back as 1843!)

At the Seven's, the second team, sadly boasting only one front five player, had a strong start to the Tournament, beating Oxford A and Southampton A 12–0 to win their qualifying group. Unfortunately a close fought 4–0 defeat against Sheffield A put the second team in the beer tent.

The firsts fared somewhat better. They won the tournament. Guy's were a class above any other side present (apart from Guy's seconds) with wins against UCH B 24–6, St Thomas's 12–0, Birmingham B 24–0, Leicester A 30–0, London A 20–0 and, in the final, hosts Birmingham A 20–0. The only points conceded were from a penalty try awarded against Graham Bevan, who redeemed himself with a tally of 8 tries. Success, a trophy, song, beer and gin.

The following day, Guy's first XV wandered over to Mitcham and turned a hangover-induced 9 point deficit in a 30–9 victory in the first round of the Surrey Cup. A similar trick didn't quite come off four weeks later, when Guy's lost in the second round to Merton 12–22, so ending a seven week unbeaten run.

Back to the Courage League. Was the Old Emanuel win a flash-in-the-pan, or would it be Guy's season? On the day of their re-union dinner, Old Whitgiftians hosted Guy's. The old boys were in good voice throughout as Whitgifts held a slender lead. With only a few minutes to go, Neil Davies kicked a penalty to give Guy's the lead for the first time at 13–12. An atmosphere of depression and quiet descended on the Whitgift throng as Guy's held on to win.

Following the first ever 100% successful Brian De'Ath Memorial Tour, this time to Widnes, Guy's returned to big league action (as they say on ITV) against Portsmouth. Last

season, Portsmouth pipped Guy's with a last minute give-away try. This year, Guy's maintained a small lead, with Portsmouth pressing till the end. Relief for all came with the last kick of the game; a dropped goal from that man Davies, giving a victory 15–9. This gave Guy's a three out of three start and put them in second place in the League.

November began with a bruising win over Rosslyn Park Under 23 at 11–10 and the Surrey Cup defeat. November continues with three League matches on consecutive Saturdays. This will decide whether Guy's have a chance of winning the League and being promoted—never a real possibility in previous seasons. Guy's rugby is stronger than for many years and up and coming players are needed to maintain this. Guy's Hospital RFC is an old club, a strong, independent club and a club with every likelihood of a long and healthy future.

Geraint Thomason

GHRFC II v Dogs RFC, Newfoundland

After a foreign tour it is not often that Guy's has the opportunity to repay the hospitality of a host club and certainly not after only ten weeks. But this happened recently when HOP was visited by the Dogs, the club that had looked after the Guy's tourists so well in Newfoundland (see GH Gazette number 2396).

The game began well for the enthusiastic Dogs and their early hounding earned a 3 point lead from a penalty kick. But soon the dogmatic Guy's forwards began to dominate and from then on the game was never going to go to the Dogs. In each half, Terrier Gibson and Mick 'Bob' Martin struck well, won the ball and although the forwards were occasionally untidy, skipper Jamie Coombes was always on-hand to fetch it and whippet to the backs.

The Canadian's dogged resistance was soon broken down when Guy's pressure resulted in Mark Kiwi flicking the ball to Thomason, returning after some trouble with a bone, who darted between the post to score. A few minutes later Thomason scored again after a solo sprint (yes, sprint) from a penalty move and Guy's had the game by the crufts of the neck.

The back row were able to rover round the pitch and tries were scored by Adie Watts and Jamie Barwell. Guy's kept up the pressure and there were incisive runs by Paul Chewawa and Mutt Rose. Further touchdowns were scored by Phil Rosell and Graham Bevan, who displayed the aggression and fire of old.

A good lead and Charlie Pooch and others slowed to a walkie pace. This allowed the Dogs to sit up and begin the move that resulted in their consolation try, right at the tail end of their tour. An exciting game, won 32–10 by Guy's.

Old acquaintances were renewed in the HOP bar and the Dogs were introduced to spur-of-the-moment traditions. They sought to entertain with a court more dodo than kangaroo, and the evening developed the blue tint of gin. A good game, a good evening and some of a man's best friends.

Geraint Thomason

Courage Clubs Championships

Club	P	W	D	L	F	A	Pts
Dorking	3	3	0	0	62	26	6
Purley	3	3	0	0	59	29	6
Guy's Hospital	3	3	0	0	43	24	6
KCS Old Boys	2	2	0	0	45	0	4
Old Reigatian	3	2	0	1	38	28	4
Old Whitgiftians	3	1	0	2	46	36	2
Portsmouth	3	1	0	2	39	58	2
Old Walcountians	3	0	0	3	26	34	0
Old Emanuel	2	0	0	2	6	39	0
Southampton	2	0	0	2	0	40	0
Old Guildfordians	3	0	0	3	16	67	0

Hospital Information

DEATHS

BURNS, Thomas Henry Stewart, BMBCh, FFARCS, DA, loving husband of Joan and father of Adrian and Anne died suddenly at home, 27 Riverbank Road, Ramsey, Isle of Man, on 27 August 1989. He qualified from Guy's in 1946 and was Consulant Anaesthetist, St Thomas Hospital, London.

JONES, D J Ivor, LDSRCS(Eng) much loved husband of Nancy, father of Lesley and father-in-law of David (Davidson) and grandfather of Nicola and Simon died suddenly on September 17, 1989.

ALLSOPP, Cecil Benjamin. On October 16 1989 in Cambridge, Professor CB Allsopp, Professor of Physics Applied to Medicine, at Guy's 1953–70.

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